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County Borough of Dudley

HEALTH AND WELFARE SERVICES

1962



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COUNTY BOROUGH OF DUDLEY

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

PRINCIPAL SCHOOL MEDICAL OFFICER

CHIEF WELFARE OFFICER

G. M. REYNOLDS, M.B., B.Ch., B.Sc., D.P.H.

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Constitution of Committees as at 31st December, 1962

HEALTH COMMITTEE

Alderman Dr. F. G. Lewis (*Chairman*)

(The Mayor) Alderman F. T. Webb (*Vice-Chairman*)

The Deputy Mayor	Councillor R. C. S. Fowler
Alderman T. E. Bennett	Councillor J. Glazebrook
Alderman G. B. Norton	Councillor C. Homer
Alderman C. N. Preedy	Councillor W. H. W. Poulton
Councillor Mrs. B. M. Baker	Councillor M. F. O'Shaughnessy
Councillor J. J. Curley	Councillor Mrs. R. E. Wakeman

(Members of the Council)

Dr. J. Macdonald	} Appointed by Dudley Executive Council
Mr. S. Rowley	
Mrs. D. Chambers	
Dr. W. N. Miller	Appointed by Local Medical Committee
Mrs. D. Crump	Appointed by Local Hospital Management Committee
Mrs. B. Duesbury	Mrs. D. Little

(Co-opted Members)

WELFARE COMMITTEE

Councillor Mrs. R. E. Wakeman (*Chairman*)

Councillor G. Beech (*Vice-Chairman*)

The Mayor	Councillor J. L. Billingham
The Deputy Mayor	Councillor G. W. A. Griffiths
Alderman Dr. F. G. Lewis	Councillor E. Morris
Alderman G. B. Norton	Councillor J. G. Rowley
Alderman C. N. Preedy	Councillor T. H. Tromans

(Members of the Council)

Mrs. C. R. Butler	Mrs. D. Little
Mrs. B. Duesbury	Mrs. J. T. Moore
Mrs. J. H. Haldane	Rev. B. H. Butt

(Co-opted Members)

EDUCATION COMMITTEE

Alderman J. L. Hillman (*Chairman*)

Alderman Dr. F. G. Lewis (*Vice-Chairman*)

The Mayor	Councillor Miss M. E. Moss
The Deputy Mayor	Councillor J. G. Parker
Alderman T. E. Bennett	Councillor J. W. R. Roe
Alderman J. H. Molyneux	Councillor J. G. Rowley
Alderman J. C. Price	Councillor H. B. Vanes
Councillor G. Beech	Councillor Mrs. R. E. Wakeman
Councillor G. W. A. Griffiths	Councillor F. J. Williams
(Members of the Council)	

Miss M. B. Ambrose	Rev. P. J. Quilty
Mrs. D. Chambers	Rev. R. C. Stevens
Mrs. G. B. Norton	Mr. N. H. Davis
Rev. R. Berry	

(Co-opted Members)

SCHOOL MANAGEMENT AND MEDICAL SUB-COMMITTEE

Alderman Dr. F. G. Lewis (*Chairman*)

The Mayor	Councillor J. G. Parker
The Deputy Mayor	Councillor J. W. R. Roe
Alderman T. E. Bennett	Councillor H. B. Vanes
Alderman J. C. Price	Councillor Mrs. R. E. Wakeman
Councillor G. W. A. Griffiths	Councillor F. J. Williams
Councillor Miss M. E. Moss	

(Members of the Council)

Rev. R. Berry	Rev. R. C. Stevens
Rev. P. J. Quilty	Mr. N. H. Davis

(Co-opted Members)

STAFF

Medical Officer of Health, Principal School Medical Officer and Chief Welfare Officer:

G. M. Reynolds, M.B., B.Ch., B.Sc., D.P.H.
(Commenced 12-1-62)

Senior Assistant Medical Officer of Health:

M. Kerrigan, B.A., M.B., B.Ch., B.A.O., D.P.H.

Assistant Medical Officers of Health:

C. M. Granville, L.R.C.P., L.R.C.S., C.P.H.

M. J. McNulty, M.B., B.Ch., B.A.O. (Commenced 14-5-62).

*R. M. Brown, M.B., Ch.B., D.R.C.O.G.

*J. Waldron, M.B., Ch.B. (Resigned May, 1962).

*B. N. Williams (from October – December, 1962).

Consultants (by arrangement with Regional Hospital Board):

Ear, Nose and Throat Surgeon:

W. K. Hamilton, M.B., F.R.C.S.

Chest Physician:

A. W. B. Macdonald, B.Sc., M.D.

Child Psychiatrist:

D. T. MacLay, M.D., D.P.M.

Ophthalmologist:

L. H. G. Moore, M.B., Ch.B., D.O.M.S.

Orthopaedic Surgeon:

J. A. O'Garra, M.Ch., Orthop., F.R.C.S.

Gynaecologist:

F. Selby Tait, M.B., Ch.B., F.R.C.S.

Chief Dental Officer:

Mrs. J. P. McEwan, L.D.S., R.F.P.S.

Dental Officers:

P. Stone, L.D.S., R.C.S. (Resigned 31-12-62).

*P. J. Brickett, L.D.S.

*P. G. Denning, L.D.S., R.C.S. (Resigned April, 1962).

*A. D. Oliver, L.D.S., B.D.S.

*C. J. Heldreich, L.D.S., R.C.S.

(Commenced 9-4-62—Resigned 31-12-62).

Chief Public Health Inspector and Cleansing Superintendent:

†W. Parker, M.R.S.H., M.A.P.H.I., Cert. S.I.B.

Deputy Chief Public Health Inspector:

†W. H. Bowman, M.R.S.H., M.A.P.H.I., Cert. S.I.B.

District Public Health Inspectors:

†H. E. Hancox, M.A.P.H.I., Cert. S.I.B.

†J. R. W. Dodd, M.A.P.H.I., Cert. S.I.B.

†D. Clarke, M.A.P.H.I., Cert. S.I.B.

†N. Briggs, M.A.P.H.I., Cert. S.I.B.

†B. R. Beaumont, M.A.P.H.I., Cert. S.I.B., Cert. Smoke Insp.
(Resigned 28-2-62).

Inspector in Charge of Food Preparing Premises:

†F. L. Jones, M.A.P.H.I., Cert. S.I.B.

Assistant Cleansing Superintendent:

G. Thomas, M.Inst., P.C., Cert. S.I.B.

Pupil Public Health Inspectors:

R. P. G. Drew

Miss J. C. Trevis

Non-Medical Supervisor of Midwives and Superintendent of Home Nurses:

Mrs. M. Allen, S.R.N., Q.D.N.I., S.C.M., H.V.s Cert.

Superintendent Health Visitor:

Miss W. H. Bennett, S.R.N., S.C.M., H.V.s Cert.

Health Visitors/School Nurses:

Mrs. E. Aston, S.R.N., S.C.M., H.V.s Cert.

*Mrs. M. J. Astley, S.R.N., S.C.M., M.T.D., H.V.s Cert.

*Mrs. D. A. Beech, S.R.N., S.C.M., (Part 1), H.V.'s. Cert.

Miss V. J. Coulter, S.R.N., S.C.M., (Part 1) H.V.s Cert

Mrs. J. M. Cox, S.R.N., S.C.M., C.C.C.C., H.V.s Cert.

Mrs. M. Gwinnell, S.R.N., S.C.M., (Part 1) H.V.s Cert.

Mrs. M. H. Hinchliffe, S.R.N., S.C.M. (Part I) H.V.s Cert.

Miss N. Homer, S.R.N., S.C.M., H.V.s Cert.

Miss A. Lamb, S.R.N., S.C.M., R.S.I., H.V.s Cert.

Miss O. R. Patience, S.R.N., S.C.M., H.V.s Cert.

(Commenced 17-9-62).

Mrs. M. C. Perry, S.R.N., S.C.M., H.V.s Cert.

*Mrs. E. E. Turner, S.R.N., S.C.M., H.V.s Cert.

Miss G. B. White, S.R.N., S.C.M., (Part I) H.V.s Cert.

Mrs. L. Edwards, S.R.N. (Acting). (Resigned 31-7-62).

Domiciliary Midwives:

Mrs. A. Arnold, S.R.N., S.C.M.
 Miss M. Atherley, S.R.N., S.C.M.
 Mrs. E. A. Beeston, S.R.N., S.C.M. (Resigned 31-7-62).
 Miss E. F. Brightman, S.R.N., S.C.M.
 Mrs. C. M. Cody, S.R.N., S.C.M.
 Mrs. V. Stokes, S.R.N., S.C.M.
 Miss D. B. Wells, S.R.N., S.C.M. (Resigned 15-9-62).
 Miss E. M. J. Tyrer, S.R.N., S.C.M. (Resigned 31-8-62).
 Miss D. M. Hancox, S.R.N., S.C.M. (Commenced 7-9-62).
 Mrs. K. Walsh, S.C.M. (Commenced 1-10-62).
 Miss E. Gray, S.R.N., S.C.M. (Commenced 10-12-62).

District Nurses:

Mrs. H. Darby, S.R.N.
 Mrs. J. G. Handy, S.E.N.
 Mrs. M. J. Leatherbarrow, S.R.N.
 Mrs. E. M. Nash, S.R.N.
 Mrs. V. Parres, S.R.N.
 Mrs. M. Setchfield, S.R.N.
 Mrs. E. Woodhouse, S.E.N.
 *Mrs. F. Jones, S.E.N.
 *Mrs. J. M. Jasper, S.R.N. (Commenced 23-7-62).
 Mrs. L. M. Ward, S.R.N. (Commenced 12-8-62).

Speech Therapist:

Miss A. F. Davidson

Orthoptist:

*Mrs. A. M. Duggan

Chiropodist:

*Mrs. A. Shufflebotham

Physiotherapist (by arrangement with Regional Hospital Board):

Mrs. K. Price

Clinic Nurse:

Mrs. M. McHugh, S.R.N., S.C.M.

Nursing Auxiliaries:

Mrs. I. D. Wall
 Mrs. E. M. Webster, S.E.N.

Domestic Help Supervisor:

Mrs. E. H. Taylor

Dental Surgery Assistants:

- Mrs. E. M. Smith, S.E.N.
 Mrs. I. H. Robinson, S.E.N.
 *Mrs. F. M. Dunlop (Resigned August, 1962).
 *Mrs. B. V. Knott (Resigned December, 1962).
 *Mrs. P. Stone (Commenced April, 1962—Resigned 31-12-62).

Deputy Chief Welfare Officer:

G. T. Meredith, A.I.S.W.

Senior Social and Mental Welfare Officer:

F. Dawson, D.M.A., A.I.S.W. (Resigned 31-10-62).
 J. Berry (from 1-11-62).

Social and Mental Welfare Officers:

J. Dickinson, R.M.N., S.R.N. (Resigned 31-1-62).
 J. A. Foster, R.M.N., S.R.N. (Resigned 31-3-62).
 J. Berry (Commenced 9-2-62) (Appointed Senior Social and
 Mental Welfare Officer from 1-11-62).
 J. A. Keen, R.N.M.S. (Commenced 7-2-62).
 Mrs. M. Fox, R.M.N. (Commenced 25-4-62).
 A. Cook (Commenced 23-7-62).

Occupational Therapist/Handicrafts Instructor:

Mrs. M. M. Ashen

Home Teacher for the Blind:

K. Hancox

Staff at Old Peoples' Homes as at 31st December, 1962:

Matron—Miss M. I. McLennan	:	
Assistant Matron—Mrs. A. Leishman	:	“Albert House”
Matron—Miss F. M. Cole	:	
Assistant Matron—Mrs. M. Rivers	:	“The Woodlands”
Matron—Miss E. E. Horton	:	
General Assistant—Mrs. R. A. Ashmore	:	“Primrose House”
Matron—Miss W. M. Farrow	:	
General Assistant—Miss D. Aston	:	“Rose Cottage”
Matron—Miss E. E. Harris	:	“Lupin House”
Matron—Miss M. B. Lee, S.E.N.	:	
General Assistant—Mrs. M. McDonald	:	“Roseland House”
Matron—Mrs. N. J. Hinkley, S.R.N., B.T.A.	:	
Assistant Matron—Mrs. S. W. Archer	:	“Lawnwood House”

Special Training Centre Supervisor:

Mrs. I. M. Cooper

Special Training Centre Assistants:

Miss P. H. Kear
 Miss M. Robinson
 Miss A. Whitehouse
 Miss M. Thrift (Resigned 31-3-62).
 Miss J. E. Ball (Commenced 11-9-62).

Special Training Centre—Handicrafts Instructor:

B. J. Juggins

*Clerical Staff:**Administrative Assistant:*

J. W. Trinder, A.R.S.H., A.R.I.P.H.H.

General Health:

K. Rawlings, Senior Clerk
 Miss I. Richards, Senior Female Clerk
 Mrs. I. Pritchard
 G. H. Darby
 Miss D. Simeox

Welfare Foods Distribution:

*Mrs. G. Crew
 *Mrs. I. Lewis

Sanitary Section

Mrs. M. Bennett
 Mrs. B. Evans
 Miss J. Rippin
 G. W. Thomas

School Health Section:

R. Woolley, Senior Clerk
 Miss M. Mayer
 Mrs. O. Baker
 Mrs. M. Smith
 Mrs. P. Nicklin (Resigned 4-6-62).
 Miss M. Bowen
 Mrs. A. Gwilliam
 Miss D. Williams (Commenced 16-7-62).

Welfare Section:

W. W. Guise, General Assistant (Resigned 31-3-62).
 Mrs. M. McCartney (Commenced 26-3-62).
 Miss B. R. Branston (Resigned 30-11-62).
 Mrs. G. O. Jones
 Mrs. S. Fradgley (Resigned 31-8-62).
 A. Mason
 Miss A. E. Hardeastle (Commenced 10-9-62).
 Mrs. B. M. Sanders (Commenced 17-12-62).

* Part-time

† Certificate of the Royal Society of Health—Inspector of Meat and Other Foods.

The Mayor, Aldermen and Councillors
of the County Borough of Dudley.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present the Annual Report on the work of the Health, Welfare and School Health Services for the year 1962.

The outstanding event of the year was the opening of the new Central Clinic at "The Firs" on Friday, 6th April, by the Minister of Health, Mr. Enoch Powell. The new clinic replaced a building which was at least 120 years old as it is recorded on the earliest Borough map available, dated 1836. When first built it must have been a palatial residence commanding a fine view of the surrounding countryside, but the scene as well as the building has changed greatly since then. In his opening address the Minister said that in the field of health and welfare, local authorities had always been pioneering with voluntary effort often scouting on ahead of them. He felt that it would be no exaggeration to say that our local government system was called into existence largely to meet the needs of health. At the beginning those were the needs of sanitary engineering, the clamant necessity of providing a tolerably healthy environment in the growing towns and teeming industrial areas like the Black Country. As the emphasis swung onto personal health and medical care it was again the local authorities who were pioneers. It was true to say that since 1948 every single item of service which mothers, infants and school children could receive at the clinic was, in theory, available either through the hospital service or the Executive Council services, but not only were those other branches of the National Health Service far from reaching the point where they could afford to dispense with any reinforcement but neither was designed to develop a close and genuine concern with the health and welfare of every child up to school leaving age. The Minister felt that the treatment of sickness or injury as it arose was no substitute for prevention, or health education and training, or for the early ascertainment of weaknesses or handicaps which were the functions of a Health Education and Welfare authority.

"Lawnwood House", a purpose-built old People's home with 42 beds came into full use during the year, and will serve the needs of the more infirm residents of the Borough. As the proportion of older people in the population is increasing the number of elderly infirm has also increased and in deciding priority for admission to

Homes, local authorities have naturally had to give first consideration to the more physically frail. This has made it necessary to have an increasing proportion of accommodation where there are facilities for dealing with the elderly infirm.

Another important event was the opening of the day special school for Educationally Subnormal Pupils. For many years these pupils received special educational treatment at the Sutton School, Wolverhampton Street, but it was possible to accommodate only 90 of them there. Those pupils, although ascertained, who were not offered places received their education in small classes at ordinary schools. The new school is able to provide special education in ideal surroundings for 120 pupils but there are still another 90 awaiting places and it is hoped that other suitable accommodation will be built to cater for their special needs.

There have been a number of staff changes during the year. Dr. McNulty commenced duty as an Assistant Medical Officer in May. It was very difficult to get applicants for this post which was vacant from August, 1961, and during this time we had the temporary assistance of a part-time Medical Officer. Mr. Stone, our only full-time Dental Officer, resigned in December but we were fortunate in obtaining the services of Mr. Waddams to replace him. Mrs. Edwards, Health Visitor and School Nurse, retired after 22 years service with the Department. Her place was taken by Miss Patience who commenced duty in September. Mrs. Beeston, a midwife, also retired after giving the Authority 25 years service. On the Welfare side, Mr. Dawson, Senior Social and Mental Welfare Officer, left to take up duties of Deputy Chief Welfare Officer for Nottingham, and Mr. Berry, Social and Mental Welfare Officer, was promoted to the senior position. Mrs. Madeley who helped to make such a success of the first small Old People's Home in the Borough also retired.

In conclusion I would like to thank the Council and Members of the Health, Welfare and Education Committees for their support and for the interest they have shown in the work of the Department. The staff have had a particularly busy year and I am grateful to them for their co-operation and for the conscientious way in which they have carried out their duties.

G. M. REYNOLDS.

Medical Officer of Health.

The Council House,
Dudley.
Telephone No.: Dudley 55433.

SECTION A—VITAL STATISTICS

Population—Registrar General's estimate, 1962	....	63,820
Rateable Value (at 1st April, 1963)	....	£2,677,523
Estimated Product of 1d. Rate (1962/63)	....	£10,825

Live Births:

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Legitimate	523	507	1030
Illegitimate	43	37	80
	<hr/>	<hr/>	<hr/>
	566	544	1110
Rate per 1,000 population			16.52 *(18.00)
Illegitimate Live Births per cent of total live births			7.2

Stillbirths:

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Legitimate	14	18	32
Illegitimate	—	1	1
	<hr/>	<hr/>	<hr/>
	14	19	33
Rate per 1,000 total live and still births			28.87 *(18.1)

Total Live and Stillbirths:

<i>M.</i>	<i>F.</i>	<i>Total</i>
580	563	1143

Infant Deaths (Deaths under 1 year)

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Legitimate	17	12	29
Illegitimate	1	1	2
	<hr/>	<hr/>	<hr/>
	18	13	31

Infant Mortality Rates:

Total infant deaths per 1,000 total live births	....	27.92 *(21.4)
Legitimate infant deaths per 1,000 legitimate live births		28.05
Illegitimate infant deaths per 1,000 illegitimate live births		25.0
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)		18.01 *(15.1)
Early neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)		13.51
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)		55.99 *(30.8)
Maternal Mortality (including abortion)		
Deaths		1
Rate per 1,000 total live and still births		.87

Deaths:

	<i>M.</i>	<i>F.</i>	<i>Total</i>
	373	329	702
Death Rate per 1,000 population			14.17 *(11.9)

*The National Rates are shown in brackets.

Deaths from all Causes

Table I

	<i>Cause of Death</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
1	Tuberculosis of Respiratory System	6	1	7
2	Other forms of Tuberculosis	—	1	1
3	Syphilitic Diseases	1	—	1
4	Diphtheria	—	—	—
5	Whooping Cough	—	—	—
6	Meningococcal Infections	—	—	—
7	Acute Poliomyelitis	—	—	—
8	Measles	—	—	—
9	Other Infective and Parasitic Diseases	1	2	3
10	Malignant Neoplasm, Stomach	6	8	14
11	Malignant Neoplasm, Lungs, Bronchus	31	3	34
12	Malignant Neoplasm, Breast	—	9	9
13	Malignant Neoplasm, Uterus	—	4	4
14	Other Malignant and Lymphatic Neoplasms	31	26	57
15	Leukaemia	3	1	4
16	Diabetes	1	4	5
17	Vascular Lesions of Nervous System	38	55	93
18	Coronary Disease, Angina	71	57	128
19	Hypertension with Heart Disease	8	7	15
20	Other Heart Diseases	38	41	79
21	Other Circulatory Disease	18	21	39
22	Influenza	1	2	3
23	Pneumonia	20	15	35
24	Bronchitis	39	15	54
25	Other Diseases of Respiratory System	6	3	9
26	Ulcer of Stomach and Duodenum	—	2	2
27	Gastritis, Enteritis and Diarrhoea	—	—	—
28	Nephritis and Nephrosis	2	1	3
29	Hyperplasia of Prostate	5	—	5
30	Pregnancy, Childbirth, Abortion	—	1	1
31	Congenital Malformations	7	3	10
32	Other defined and ill-defined diseases	24	26	50
33	Motor Vehicle Accidents	6	7	13
34	All other Accidents	8	10	18
35	Suicide	2	4	6
36	Homicide and Operations of War	—	—	—
		373	329	702

Deaths

Deaths from heart disease showed a sharp increase, but those from influenza and other diseases of the respiratory system were slightly lower than in the previous year.

There was one death associated with pregnancy. This was investigated and a confidential report sent to the Ministry of Health.

The high death rate from cancer of the lungs and bronchi was maintained. The link between these two diseases and smoking has been proved beyond reasonable doubt and it is difficult to understand why in the face of such overwhelming evidence people continue to indulge in what is not only an extremely expensive habit but one which may well be the cause of an early death.

Although pulmonary tuberculosis is no longer the scourge it once was there were seven deaths due to this condition two of which were in males under the age of 45 years.

Birth Rate

There was again an increase in the number of births, the figure being 10% higher than the previous year. The proportion of illegitimate births also increased and accounted for 80 of the total of 1,110 live births.

Infant Mortality

The infant mortality rate (27.92) was slightly lower than last year, but still well above the national average (21.4). 15 of the 31 deaths in infants under one year of age occurred during the first week of life.

Premature Infants

The number of premature births showed a decrease and totalled 89. Of the 24 born at home eight were transferred to hospital before the 28th day. Out of the 89, 81 survived the neo-natal period including all who were born and nursed entirely at home, but five died within 24 hours.

In April a premature baby portable incubator was purchased. This equipment was kept at the Ambulance Station and used for transporting premature babies to hospital. It was used mainly by one member of the midwifery staff who attended a special course in the care of premature babies held during the year at the Sorrento Premature Baby Unit. This midwife is now responsible for the care of all premature babies in the Borough, and continues supervision until they reach a weight of 6 lbs.

Stillbirths

The 33 stillbirths occurring during the year gave a stillbirth rate of over 50% above the national average. Six of these deliveries took place at home.

SECTION B —INFECTIOUS DISEASE

The following table shows the incidence of infectious diseases notified during 1962:—

	<i>Numbers Notified</i>		<i>Admitted to Hospital</i>
	<i>M.</i>	<i>F.</i>	
Scarlet Fever	5	4	1
Diphtheria	—	—	—
Whooping Cough	—	1	1
Measles	2	3	1
Pneumonia	2	2	1
Dysentery	2	8	6
Puerperal Pyrexia	—	—	—
Ophthalmia Neonatorum	—	—	—
Polio-myelitis	—	—	—
Erysipelas	—	—	—
Food Poisoning	2	4	1
Encephalitis (Acute)	—	—	—
Meningitis	1	—	1
Anthrax	1	—	—
Typhoid	—	1	1

In January the Department's staff was kept extremely busy as a Pakistani, who was subsequently found to be suffering from smallpox, had stayed in Dudley during the period in which he was incubating the disease. This resulted in hundreds of visits being made to interview contacts and it was necessary for some of the patient's close contacts to be excluded from work.

The policy of the Department was to offer vaccination to contacts and those at special risk but there was such a heavy demand from the general public for vaccination that the Department and general practitioners were inundated with requests for protection. As a result there was a local shortage of vaccine for a period because of the difficulties of distribution.

A number of visits were made at the request of general practitioners and medical staff from the Guest Hospital to examine patients who might be suffering from smallpox but no new cases were discovered.

One case of anthrax occurred in a trainee slaughterman employed by a firm outside the Borough. This case was diagnosed on clinical grounds but not confirmed bacteriologically. The hides from the slaughterhouse were delivered to a firm in Dudley and precautions were taken to prevent the spread of the disease.

One case of typhoid fever was notified, the patient having caught the disease while on a Middle East tour. She was brought to the notice of the Department as a contact of a case of paratyphoid fever which had occurred in another member of the touring

party. Normal precautions were taken and no other case occurred. I am glad to say that the patient, although extremely ill for some time, completely recovered.

Tuberculosis

The number of new cases notified fell from 50 in 1961 to 40 in 1962, and the total number on the Tuberculosis Register also decreased. The incidence of tubereulosis is, however, still too high and the prevention of the spread of this disease by the follow up of contacts and traeing sources of infeetion must still be regarded as one of the vital functions of a Health Department in co-operation with the Chest Clinic and the Mass Radiography Unit. I would like to express my gratitude to Dr. Maedonald, Chest Physician, and to Dr. Posner and her staff for their help and co-operation throughout the year.

The number of persons on the register at 31st December, 1962 was:

Pulmonary: 440 Non-Pulmonary: 34 Total: 474

The number of notifications and deaths of registered pulmonary and non-pulmonary tuberculosis according to age groups is set out below.

	<i>New Cases</i>				<i>Deaths of Registered Tuberculosis Cases</i>			
	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
Under 1 year	—	—	—	—	—	—	—	—
1—5 years	2	2	—	—	—	—	—	—
5—15 years	2	—	1	—	—	—	—	1
15—45 years	5	8	2	—	2	—	—	—
45—65 years	7	4	—	2	5	2	—	—
Over 65 years	3	2	—	—	4	—	—	—
Total—all ages	19	16	3	2	11	2	—	1

Inward Transfers—Pulmonary Tubereulosis 8
Non-Pulmonary Tuberculosis 1

The number of new cases of pulmonary tubereulosis occurring in the last five years is as follows:—

1962	....	....	35
1961	....	....	46
1960	....	....	38
1959	....	....	45
1958	....	....	60

Public Health Laboratory

Once again the Birmingham Laboratory gave most valuable assistance to the Department in investigating all types of infectious disease. The advice and co-operation so readily given by the Director and his staff is greatly appreciated.

Food Poisoning

Total number of outbreaks	1
Total number of cases	6
Total number of deaths	—

Five of the cases occurred in two families and the severity of the illness varied from slight to moderate. The source, although it was not possible to confirm this pathologically, was undoubtedly a pork pie.

Venereal Disease

The number of cases occurring during the last three years was as follows:

Cases dealt with for the first time during year:

	1962	1961	1960
Syphilis	11	12	6
Gonorrhoea	22	28	14
Non-Venereal and undiagnosed conditions	96	110	103

These figures are given by Dr. Mayon, Venerologist at the Treatment Centre, Guest Hospital.

Treatment of venereal disease is the responsibility of the Hospital Management Committee although follow up of defaulting patients is undertaken by the Local Health Authority health visitors for female patients. In the case of male patients this work is done by male technicians on the Hospital Management Committee staff.

In July the Ministry of Health indicated that supplies of posters were available drawing attention to the dangers of delay in obtaining treatment for these diseases, and arrangements were made for these posters to be displayed in public conveniences and factory toilets. In addition supplies of posters were provided for display in Youth Clubs and other public premises.

SECTION C—NATIONAL HEALTH SERVICE ACT, 1946

Section 22—Care of Mothers and Young Children

Attendances at the various clinics are shown below:

(a) Ante-Natal—

Expectant Mothers attending	951
Total attendances	3,443

During the year it became increasingly apparent that the function of the ante-natal clinics was changing. It was felt that it was no longer necessary for doctors employed by the Department to be responsible for the medical supervision of expectant mothers when they were already under the care of their own general practitioners. Arrangements were, therefore, made for the ante-natal clinics to be staffed by midwives only from the beginning of September. Special sessions were started at the Central and Dudley Wood Clinics, at which a medical officer was present to take blood for routine investigation. During the last four months of the year the number of patients attending these clinics was 192. Only two general practitioners indicated that they did not wish these facilities to be extended to their patients. Attendance at these clinics was by appointment only.

Following a general review of the arrangements for ante-natal care and clinic procedure, preliminary steps were taken to revise the system of bookings, appointments, referral for X-ray and dental treatment with the intention of bringing the new arrangements into effect early in 1963.

Relaxation and mothercraft classes continued throughout the year in all ante-natal clinics. Many mothers expressed their appreciation of this service and comment on how much the instruction received helped them during labour and in the care of their babies.

The attendances at relaxation classes at the various clinics are shown below:

Priory Clinic	....	....	....	....	....	....	242
Central Clinic	....	....	....	....	....	....	220
Holly Hall Clinic	....	....	....	....	....	....	158
Dudley Wood	....	....	....	....	....	....	283

(b) Child Welfare—

		<i>Total Attendances</i>		
		1962	1961	1960
Children under 1 year	....	13,823	12,207	10,514
Children between 1 and 5 years		4,924	3,625	7,758

These figures indicate that an increasing number of mothers of children under one year are availing themselves of this service. The new “Firs” Central Clinic includes a modern well-equipped suite of rooms in which the infant welfare clinic was held and during the year work was also put in hand with a view to using the Brewster Street School premises in Netherton as an infant welfare clinic as the facilities at the Netherton Art Centre are not ideally suited for this purpose.

Children who are likely to be at special risk receive a hearing test at the age of 6—7 months. We now have seven health visitors specially trained in this work. All infants are tested at the age of six weeks for phenylketonuria, a rare cause of mental subnormality.



THE FIRS CENTRAL CLINIC ENTRANCE HALL

Welfare Foods

The downward trend in the sale of orange juice, cod liver oil and national dried milk continued. The Ministry of Health decision in 1961 to sell at prices to cover the cost undoubtedly resulted in many mothers deciding to buy proprietary brand foods and vitamin supplements. Families who are receiving National Assistance are able to have dried milk free for their babies and during the year 475 tins of National Dried Milk and 203 tins of proprietary brand foods were given in this way.

Child Neglect and Break-up of Families

Monthly meetings of the Co-ordinating Sub-Committee with representatives from Health, Children's, Housing and Education Departments, National Assistance Board, N.S.P.C.C., Probation Officer and W.V.S. continued. This is in the nature of a Case Conference and although there were no dramatic improvements which can be reported, it is felt that the discussions which took place have a very definite value. Sometimes this means that the support a family receive is enough to prevent further deterioration in their already low standard of living. Some are given assistance during a particularly difficult period and after that they require little supervision, while others continue to exist in conditions of degradation and filth whatever advice or assistance is offered.

Family Planning Clinic

A voluntary Committee continued to provide this valuable service. During the year a request was received for the session to be transferred from Holly Hall to Central Clinic but although the

Health Committee readily agreed to such an arrangement the Association eventually decided not to transfer their activities to the Central Clinic for the time being. The clinic continues therefore to be held at Holly Hall on Thursday evenings.

Dental Care of Expectant and Nursing Mothers and Children under 5

This service did not vary very much from that of 1961. Of 136 mothers treated 63 were made dentally fit and out of 92 children under 5 years treated 49 were made dentally fit.

No sessions were set apart for this work, the mothers and children being given appointments during the same sessions as those arranged for school children.

Approximately 5% of the Dental Surgeons' time was devoted to Maternity and Child Welfare work.

The establishment of dental officers is 3.5, although only the equivalent of 2.9 were employed during the year. However, this is a position which was better than it had been for some time and because of this plans to encourage larger attendances by mothers and children under 5 were made.

Details of the work done during 1962 are as follows:

	<i>Expectant and Nursing Mothers</i>	<i>Children under 5 years</i>
Numbers provided with dental care:		
(i) Examined	132	109
(ii) Needing Treatment	131	99
(iii) Treated	136	92
(iv) No. of attendances for treatment	318	121
(v) Made dentally fit	63	49
Forms of dental treatment provided:		
(i) Extractions	303	122
(ii) Fillings	167	34
(iii) Scalings and gum treatment	20	—
(iv) Silver Nitrate Treatment....	—	20
(v) Dentures provided	42	—
No. of administrations of Nitrous-oxide for extractions	51	56
No. of dental X-rays	16	—

Ophthalmic Clinic*Children
under 5 years*

Errors of Refraction (including squint)	64
External and Other	28

Total	92
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Spectacles prescribed	13
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Orthopaedic Clinic**Massage:**

Number treated	111
Total treatments	439

Orthopaedic:

Seen by Surgeon	117
New Cases	19
Total Attendances	167

U.V.L. Clinic

Children treated	8
Total Attendances	29

Ear, Nose and Throat Clinic

Number seen by E.N.T. Consultant	8
Referred for operative treatment	7

Section 23—Midwifery

The total number of live and still births was 1,120. Of these 455 took place at home and 665 in hospital or maternity home. Of the domiciliary births 25 were attended by general practitioners during the course of labour. Some mothers, originally booked for domiciliary confinement, developed complications during their pregnancy, which made it necessary for them to be admitted to hospital for delivery. Details of these complications are as follows:

Toxaemia of Pregnancy	24
Post-maturity	22
Twin Pregnancies	5
Malpresentation	26
Premature Labour	16
Ante-partum Haemorrhage	13

Mothers and babies were frequently discharged home within two to three days of delivery and then had to be visited by the domiciliary midwife until the tenth day of the puerperium when the health visitor then took over regular visiting.

Emergency Calls

There were five occasions on which it was necessary for the general practitioner or midwife to call the "Flying Squad" which came either from Wolverhampton or Birmingham Maternity Hos-

pital. In four cases the reason for calling on the service was because the mother had a severe post-partum haemorrhage which could not have been foreseen. All of these mothers had been advised hospital delivery by the midwife but the hospital beds for one reason or another were not available. The fifth call was for a retained placenta with haemorrhage.

The establishment of midwives was increased to eight and in spite of a number of staff changes we were fortunate in maintaining our full establishment for almost the entire year. Longer holidays for midwives, in common with other local authority nursing staff, became effective from the beginning of the year, and this, coupled with the increasing number of early discharges, meant that in spite of an increased establishment the staff were kept busy.

Five of the midwives are recognised as teaching midwives and were responsible for the training of 13 pupils during the year. All these pupils were successful in qualifying for their State Certified Midwives' Certificate. The majority of these pupils come from overseas and after completion of their training and obtaining additional experience many return to their own countries.

Two midwives were sent on refresher courses at Oxford. On their return they gave reports of the course to their colleagues at staff meetings arranged for this purpose. In this way all the midwifery staff derived benefit from these refresher courses.

During the course of their work and in accordance with the Rules of the Central Midwives' Board, midwives requested "medical aid" from general practitioners for mothers either during pregnancy, labour or in the puerperium and for infants in the first fourteen days. 103 calls were made during pregnancy, 199 during labour, 11 in the puerperium and 75 for conditions arising in the infants.

Although mothers are shown how to prepare themselves for breast feeding in the clinics only 198 of the 455 delivered at home were wholly breast fed on the tenth day. This compares with 277 in 1961.

Section 24—Health Visiting

Although one member of the staff retired in July it was possible to make another appointment almost immediately. This still left one health visitor vacancy to be filled but there were no suitable applicants for the post.

Two health visitors attended refresher courses during the year. In March and again in June health visitors assisted in the enterovirus survey being carried out by the Birmingham Public Health Laboratory.

Health visitors continued their varied and important work which ranges over such a wide field. It is hoped to reduce where possible demands on the health visitor's services for fixed clinic and school sessions in order that she may be free to undertake more home visiting which is after all by her very designation her primary function.

Co-operation with General Practitioners

It is still not possible to report any special arrangement for members of the health visiting staff to work in really close co-operation with general medical practitioners. In an authority like Dudley where most of the general practitioner partnerships serve almost every part of the County Borough it is difficult to arrange for health visitors to be attached to individual practices. This difficulty is increased when there are frequent staff changes and when health visitors are employed who do not possess or are unable to drive a car. Family doctors do, however, continue to seek the help of health visitors who are anxious to work in the closest possible relationship with them and can, I am sure, make a very useful contribution in this field of their work. I must again stress that the extent to which this co-operation increases rests almost entirely with the family doctors themselves. The Department is anxious to foster any scheme which will further this co-operation.

The total number of visits made by health visitors showed a marked increase during the year. Details of these visits are given below.

Visits to children under 1 year:	1962	1961
(a) First visits	1,080	1,019
(b) Total visits	7,047	5,944
Visits to children between 1 and 5 years	10,299	8,896
Visits to tuberculous households	674	732
Miscellaneous visits	1,221	1,183
	<hr/> 20,321	<hr/> 17,774

Follow-up of Cases Discharged from Hospital

In this field good co-operation exists particularly with the Guest Hospital and at the request of the medical staff a number of children either discharged home or attending the out-patient department were visited by health visitors who reported on their home conditions and progress.

Health visitors attended the Paediatric Out-patient Department weekly and it is later hoped that it may be possible to appoint one experienced health visitor to carry out this responsible work. She would then be the link between the Paediatric Service of the hospital and the School Health and Clinic Services of the Local Health Authority.

Hospital waiting lists and the role of the community services was the subject of Ministry of Health Circular 15/62. In an authority the size of Dudley there is little difficulty in making contact on a personal basis and it is easy for general practitioners to approach the Medical Officer of Health or any other members of the Health and Welfare Department staff when he feels that he has a patient who requires the supporting services of the Local Authority. The same applies to the hospital service where the contact is normally made with the Almoner.

Section 25—Home Nursing

The work of the district nurses showed a slight increase over the previous year and is summarised below:

	<i>Visits</i>
Medical Cases 	13,983
Surgical Cases 	1,837
Tuberculous Cases 	951
Maternal Complications 	50
Others 	—
	<hr/> 16,821 <hr/>

More than 85% of all the visits paid were to persons over 65 years of age. Very little demand was made for the nursing of children and only four were attended during the year. All of these suffered from congenital abnormalities.

Many of the elderly patients were doubly incontinent. This incontinence is not only unpleasant for the district nurses but it places a severe strain on the family, and after long period of unselfish home nursing by the relatives a number of old people had to be admitted to hospital. Although “incontinent pads” were supplied to help with the problem of soiled linen this did not prove to be completely satisfactory and it is hoped that soon it will be possible to provide a laundry service.

During the year it was possible, in co-operation with the Old Peoples’ Welfare Association and the St. John Ambulance Association, to introduce a bath attendant service in the Netherton area. The volunteers carried out weekly baths for old people who, although not ill, found that they were no longer able to bath themselves. This service was a great help to the patients and the nurses, and it is hoped at a later date to extend this service to other parts of the County Borough.

This service like the midwifery service has become more efficient by reason of its greater mobility. More of the staff now have cars and an increased car allowance agreed to by the Council has helped in this direction.

In addition to the two nurses who attended the local training course at Walsall one nurse attended a residential course at Manchester.

Section 26—Vaccination and Immunisation

Smallpox vaccination received an unexpected boost when a case of smallpox occurred in a neighbouring authority area. The subsequent press publicity and the occurrence of other cases in various parts of the country resulted in an urgent public demand for vaccination. Although mass vaccination was not thought to be either necessary or desirable many adults sought vaccination by their own doctors for themselves and their children. Special vaccination sessions were held at the Central Clinic to deal with Health Department staff and other people, including contacts, who were likely to be exposed to special risk. Every opportunity was taken during this period to increase the proportion of infants vaccinated.

In November a Ministry of Health circular indicated that small-pox vaccination should be offered in the second year of life rather than in the first year as had previously been the case.

A complete change in the position regarding poliomyelitis vaccination was brought about with Ministry of Health Circular 3/62 in February. This authorised the use of oral vaccine for routine vaccination and at the same time gave authority to resume fourth injections to the 5—12 year old age group. This had previously been suspended owing to the shortage of vaccine. Steps were immediately taken to introduce oral vaccine and from then on the vast majority of vaccinations were done in this way.

The Minister of Health, in Circular 17/62, asked Local Health Authorities to prepare a comprehensive scheme of vaccination and immunisation. Enclosed with the circular was a copy of the Minister of Health's speech to the Royal Society for the Promotion of Health in which he emphasised the need for a comprehensive plan and drew attention to the low percentage of children vaccinated in certain areas. Unfortunately, Dudley was mentioned as being near the bottom of "the league table" as regards diphtheria immunisation. Every effort was made during the year to increase the proportion of children protected and an immunisation campaign was arranged, details of which are included in the School Health Service section of this report.

In an effort to improve the position the question of introducing a quadruple vaccine which would give protection against diphtheria, whooping cough, poliomyelitis and tetanus was seriously considered. This form of protection, however, has not yet been given official Ministry of Health recognition and it was, therefore, decided not to proceed along these lines at present. The Ministry of Health figures showing the position at the end of the year are set out below. Although these show some improvement over the previous year, the percentage of children protected is still not high enough and renewed efforts are required by this Department and by general medical practitioners to persuade parents of the need to protect their children in the ways now available to them.

The percentage immunised at 31st December is shown below:

Diphtheria Immunisation:

Children born in 1961	...	...	...	...	70 ⁰ / ₀
Children age 0—14 years	40 ⁰ / ₀

Whooping Cough Vaccination:

Children born in 1961	45 ⁰ / ₀
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Poliomyelitis Vaccination:

Under the age of 20 years	79 ⁰ / ₀
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Smallpox Vaccination:

Children under 2 years	52 ⁰ / ₀
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Section 27—Ambulance Service

The Ambulance Service continues on a day to day basis under the supervision of the Chief Fire Officer.

Premises in Tower Street opposite the Police and Fire Stations were acquired for use as an Ambulance Station. The buildings, however, could not be used to full advantage until access to the rear could be arranged.

Establishment

21 Ambulance Drivers form the establishment of operational personnel to deal with the normal day to day ambulance requirements and cover is maintained by dividing the establishment to form groups of four watches, the principle being to have three eight hour periods of duty to cover 24 hours with an additional watch for day time cover. Training in first aid is arranged when staff are appointed.

Vehicles

9 vehicles comprise the ambulance fleet, 5 being of a dual-purpose type sitting case or stretcher. The remaining 4 are mainly used on stretcher cases.

The following gives information regarding the number of cases and mileage undertaken throughout the period under review.

				<i>Ambulance</i>		<i>Sitting Cars</i>	
				<i>Cases</i>	<i>Miles</i>	<i>Cases</i>	<i>Miles</i>
January	....	....	....	331	2,012	1,448	7,250
February	....	....	....	266	1,495	1,368	6,235
March	....	....	....	249	1,404	1,694	7,524
April	....	....	....	224	1,518	1,343	6,595
May	....	....	....	346	2,318	1,731	7,741
June	....	....	....	361	2,126	1,434	6,505
July	....	....	....	220	1,566	1,357	6,434
August	....	....	....	155	1,497	1,201	6,496
September	....	....	....	396	2,040	1,221	6,244
October	....	....	....	276	1,854	1,798	7,868
November	....	....	....	182	1,552	1,806	8,307
December	....	....	....	415	1,872	1,161	6,323
Totals				3,421	21,254	17,562	83,522

Section 28—Prevention of Illness, Care and After-Care

General

Under this Section of the National Health Service Act a wide range and variety of services are provided.

With the completion of the new Central Clinic it was possible for the sick room equipment to be moved into an adequate store, and more items of equipment were added to those available on loan, which range from wheel chairs and bed pulleys to air rings and rubber sheets.

The number of requests received from family doctors for recuperative holidays was again rather lower than has been usual over the past few years. Only seven patients were sent to convalescent homes for a period of two weeks,

The number of requests received for the provision of free infant foods was higher than for some time. The increase appeared to be linked with the higher number of unemployed in the town towards the end of the year.

Health Education

The main emphasis was this year directed against smoking in view of its undoubted link with the incidence of lung cancer and other respiratory and heart diseases. In March the Ministry of Health, in Circular 6/62, drew the Council's attention to the Royal College of Physicians' Report on "Smoking and Health." The circular expressed the hope that Local Authorities would use all their channels of health education to make the conclusions of the Report widely known. This circular was followed up by the provision of various posters, bookmarks and other visual aid material. Every effort was made to bring home to the general public and particularly school children the danger involved in this habit. The Health Committee readily agreed to a suggestion that the Central Council for Health Education Mobile Unit should be booked for a visit to Dudley. This Unit, staffed by two lecturers, was equipped to show films but owing to a heavy demand from other Authorities it was not possible for a visit to be arranged during the year.

Posters on varied topics were displayed at the clinics and these included "Smoking and Lung Cancer," "Vaccination and Immunisation," "Dental Hygiene," and "Food Hygiene."

Further film strips were purchased for use with the projector and the film strip library now covers a wide range of topics and is used extensively by staff from the various sections of the Department.

The authority is not big enough at present to justify the appointment of a Health Education Officer and it is not easy to find a member of the staff with the necessary natural aptitude for this type of work who could also be spared from other duties in order to concentrate specifically on health education.

Chiropody

I am unable to report any extension in the chiropody services during the year. Although the need for extension was all too obvious the service was limited by the number of chiropody clinics which could be held as no-one could be found to undertake more than three sessions per week.

The service continues to be run on a day to day basis through the Old Peoples' Welfare Association and is still restricted to the ambulant aged and to residents in the Local Authority's Old Peoples' Homes. Although the Council's proposals include provision for a direct service to the physically handicapped, expectant mothers and school children, this has so far not been possible and for the reasons mentioned is only with the greatest difficulty that any service was maintained.

Section 29—Domestic Help

As envisaged in last year's report, the Domestic Help Supervisor, Mrs. Taylor, transferred her office from the Central Clinic to the Council House.

The service continued to grow and over 90% of the cases assisted were aged people or those who were chronically sick. The number of maternity cases remained at the same low level. It must, I feel, be accepted that the number of hours assistance which can be given as well as the charge for this service is the deciding factor in how many mothers seek home help assistance at the time of their confinement. There is a real need for the service to be provided at a reduced cost in those cases where the expectant mother suffers from ante-natal complications.

Although the home help service in Dudley has grown considerably in the last four years it has not reached the level where it can meet all the demands which a fully comprehensive service should provide. As in so many other social services the principal limiting factor is cost.

The statistics for the year are as follows:

Maternity	....	....	....	....	....	....	....	15
Tuberculosis	....	....	....	....	....	....	....	3
Chronic Sick, Aged and Infirm	....	....	....	....	....	....	....	286
Others	....	....	....	....	....	....	....	11

The number of home helps employed at the end of the year was 59, all of whom worked part-time.

Housing on Medical Grounds

The present points scheme allows for the recommendation of medical points in certain severe and chronic illness which are considered to be adversely affected by poor housing conditions.

The valuable assistance and co-operation afforded by the Housing Tenancy Sub-Committee in case of serious and chronic illness and disability where rehousing could be expected to make a substantial contribution to their welfare must once again be recorded.

Medical Examinations

200 candidates for admission to the Superannuation Scheme were examined. X-ray reports were obtained in 52 cases, of which one was unsatisfactory. Eight cases were referred either to a consultant or the general practitioner, and a further eight cases were not accepted into the Superannuation Scheme for medical reasons.

SOCIAL AND MENTAL WELFARE SERVICES

National Assistance Act, 1948—Mental Health Act, 1959

In Social and Mental Welfare Services the most pressing problem continues to be the shortage of trained and experienced Welfare Officers and staff for Old People's Homes.

Nearly all appointments of Social and Mental Welfare Officers during the year were of Officers with psychiatric nursing experience only, who had to be trained in their new duties.

Similarly, the majority of staff appointed to posts in Old People's Homes, from cooks to attendants, did not have any previous experience and had to be trained after taking up their duties.

The many problems of the Social and Mental Welfare Service in a period of expansion are aggravated by these staffing difficulties. In addition the growth of work arising from the full development of the Mental Health Act will shortly require more staff. It seems certain that adequate numbers of suitably trained staff will not be made available in the near future by the present Younghusband Training Courses and in my view there is a very good argument in favour of part-time training, perhaps on a day release basis, leading to the full National Certificate in Social Work. For both social work and Homes staff, as much in-service training as it was possible to arrange, was given.

During the year one candidate from Dudley was accepted for the Birmingham "Younghusband Course" and will return to employment in the Department in 1964 if she satisfactorily completes the course.

Students from the Birmingham "Younghusband Course" and from Monyhull Hospital visited the Department during the year. Nurses attending the Royal College of Nursing Course on the Care of the Elderly, as well as members of the local course for District Nurses also visited the Homes.

MENTAL HEALTH

Mental Illness

The following Table gives details of the admissions and discharges to and from mental hospitals between 1951 and 1962:

ADMISSIONS

<i>Year</i>	<i>Male</i>			<i>Female</i>			<i>Grand Total</i>
	<i>Informal</i>	<i>Com-pulsory</i>	<i>Total</i>	<i>Informal</i>	<i>Com-pulsory</i>	<i>Total</i>	
1951	—	—	51	—	—	44	95
1955	—	—	53	—	—	66	119
1960	50 (24)	11 (4)	61 (28)	72 (10)	5 (1)	77 (11)	138 (39)
1961	62 (15)	6 (2)	68 (17)	78 (11)	6 (4)	84 (15)	152 (32)
1962	88 (20)	5 (4)	93 (24)	87 (23)	1 (—)	88 (23)	181 (47)

The figures shown in brackets are re-admissions

DISCHARGES

<i>Year</i>	<i>Male</i>			<i>Female</i>			<i>Grand Total</i>
	<i>Dis-charges</i>	<i>Deaths</i>	<i>Total</i>	<i>Dis-charges</i>	<i>Deaths</i>	<i>Total</i>	
1951	39	—	39	38	—	38	77
1955	38	1	39	41	—	41	80
1960	57	2	59	70	7	77	136
1961	66	7	73	69	5	74	147
1962	86	3	89	94	5	99	188

In the introductory notes to the Plans of Local Authorities for the development of Health and Welfare Services which was published in April, 1963, the Ministry of Health said:

“Though the hospital statistics give no definite guide to the scale on which local authority mental health services are needed the number of discharges is relevant to any assessment; for on discharge from hospital virtually all the mentally subnormal and many of the mentally ill are likely to need some help from these services. The numbers of patients admitted to and discharged from hospital have been increasing for many years, and the average length of stay has been falling. These trends, which reflect earlier detection and treatment of mental disorder, are likely to continue for some time.”

It will be seen from the fore-going table, that the local pattern is very much the same as the national one. There has been a considerable growth in the number of discharges and in addition to this, Consultant Psychiatrists are making much more use of Mental Welfare Officers to support patients in the community than was the case before the new Act.

The local Psychiatric Hospital rightly regards the Local Authority's service as an extension of its own in an integrated Mental Health Service. Welfare Officers attend case conferences every week at Barnsley Hall Hospital and there is a very good relationship between Consultant Psychiatrists, General Practitioners and Mental Welfare Officers.

The total number of patients referred to the Local Health Authority from General Practitioners, Hospitals, Local Education Authorities and other sources during the year was as follows:

<i>Mentally ill</i>	<i>Psycho-pathic</i>	<i>Sub-normal</i>	<i>Severely subnormal</i>	<i>Total</i>
219	1	14	15	249

The total of 249 compares with 211 in 1961

One case was dealt with at Saltwells Remand Home under Section 60 of the Mental Health Act.

Subnormality

599 routine visits to the homes of subnormal and severely subnormal persons were made during the year. 156 of these were visits by the Supervisor of the Training Centre. Nine new cases were notified as severely subnormal, seven of which were admitted to the Training Centre although one other was not found a place, as a Special Care Unit was not available. In addition to this, twelve subnormals were referred for care and guidance on leaving the day special school for educationally subnormal pupils.

Hospital admissions again caused no great difficulty. One case was admitted under Section 26 of the Mental Health Act, two cases were admitted informally for permanent care and four informally for temporary care. Four cases were discharged from hospital to the care of the community.

Hostel Accommodation

The only national figures available suggest that the need for residential accommodation for the mentally subnormal works out at about 0.034 places per thousand population. Whilst this figure may not be entirely accurate for Dudley, where the proportion of the severely subnormal is very much above average, I feel that no special hostel provision for the mentally subnormal is at present justified. A few places might be provided in co-operation with other Local Authorities in this area.

Hostel accommodation for the mentally ill may sometimes be needed to assist in the rehabilitation of patients who have no home to which to return. In Dudley, however, the demand for this kind of accommodation does not yet justify the provision of a Hostel.

The demand up to the present for special residential accommodation for the elderly mentally disordered has not justified the inclusion of a Hostel in the Local Authority's forward Plans. In these plans it is proposed to include a small number of elderly mentally disordered persons in the existing residential accommodation with perhaps a higher ratio of staff. As, however, the incidence of mental disorder in the elderly seems to be increasing, it may be necessary later to plan separate accommodation for them.

Psychiatric Social Club

The need for a psychiatric social club for patients with social behaviour disorders was mentioned in my report last year. At the suggestion of Dr. M. J. Davies of Barnsley Hall Hospital the matter was very fully discussed early in the year and largely as the result of her co-operation and interest in the work a club was opened in February. The club is primarily intended for discharged patients although some in-patients have attended from time to time and Dr. Davies and a Welfare Officer are always present. The Local Authority pay the rent for the premises but members run the club themselves and in addition have raised funds for equipment and furnishings.

The club is used to encourage patients to develop good relationships as part of their rehabilitation and many pass through the club on to other activities within the community. They all know, however, that they may return to the club at any time they feel in need.

Training Centre

The following are the details relating to attendances at the Training Centre during 1962:

Actual number on Roll—66. Average number on Roll—60.
(including 4 part-time attenders).

Average attendance of all—47.77%.

The Roll is made up of:

21 girls over 16 years
9 boys over 16 years
11 girls under 16 years
21 boys under 16 years
—
62 Total
—

The health of the children was reasonably good during the year, all were medically examined and many received dental treatment at the Central Clinic. Special emphasis was given to social training. Various groups of trainees have been sent into the town with their teachers; some of them to the park for games, others visiting various

places of interest. The older ones were encouraged to visit coffee bars and shops to make purchases for themselves. It is hoped that the next step will be to undertake local train and bus journeys. These activities make happy, eager children who look forward to their journeys away from the Centre and it is hoped that these activities will encourage the general public to accept them readily into the community.

Craft and outwork were carried on as usual and sales have kept pace with the goods produced because these are of a high standard. For the first time in eleven years it was not necessary to hold a Sale of Work.

One girl and one boy were found employment during the year. The girl is still employed but unfortunately the boy, a lad with no speech has had to return to the Centre.

A student from the Cheltenham Teachers' Training College, making mental health her special subject, visited the Centre as also did four Student Health Visitors, the Supervisor and Staff of a Birmingham Centre and a student from the National Association for Mental Health Adult Training course.

The annual Open and Sports Day was held during the summer and Their Worships the Mayor and Mayoress (Alderman and Mrs. F. Webb) attended, as well as members of the Voluntary Committee and parents. Although parents know that on the first Thursday in the month they may visit the Centre, few take the opportunity of doing so.

Dudley Voluntary Association for Mental Welfare

This Association was at one time mainly concerned with the social needs of the severely subnormal but during the year a wider interest in the field of mental health was taken and a series of lectures were held on various subjects within the mental health field, of interest to the general public. These were well attended and were very well received.

WELFARE SERVICES

Residential Accommodation

Dudley's seventh and largest Old People's Home, Lawnwood House, came fully into use during 1962. This Home has 42 beds and is designed to meet the needs of the more infirm residents in the Welfare Committee's care. The building of Lawnwood House has also enabled Dudley to become independent of accommodation provided at the Poplars, Wolverhampton, by Wolverhampton County Borough. The transfer of those residents who were to be brought back to Dudley from the Poplars was completed by the end of March. There is no doubt that in addition to the better facilities of smaller Homes, the service to the elderly is greatly improved when they may enter a Home locally and not have to go some distance away from their normal surroundings.

The following Table shows the admissions and discharges during 1962:

<i>Home</i>	<i>No. of Residents 1st January, 1962</i>	<i>Ad- missions</i>	<i>Dis- charges</i>	<i>Deaths</i>	<i>No. of Residents 31st December, 1962</i>
Albert House	22	6	6	1	21
Woodlands	22	9	3	6	22
Primrose House	10	2	1	—	11
Rose Cottage	10	2	2	1	9
Lupin House	10	3	4	—	9
Roseland House	10	13	13	—	10
Lawnwood House	1	71	30	10	32
The Poplars....	18	—	14	2	2
Deaf, Malvern	2	—	—	—	2
Kingsbury, Woking	1	—	—	—	1
Beechholme	1	—	—	—	1
Cheshire Home	1	—	—	—	1
Totals	108	106	73	20	121

The total number of residents in the Committee's care in Dudley during 1962 increased by 29 but taking transfers from the Poplars into account, the total increase in places provided was only 13. There were 106 admissions to Homes during 1962 compared with 55 in the previous year, and correspondingly the number of discharges increased to 92 compared with 55 in the previous year. This reflects the greater infirmity of residents on admission. The figures of admissions and discharges include 12 cases who were admitted for temporary care. It is hoped that this service will grow in the future.

Whilst the opening of Lawnwood House completes the Committee's present programme of new Homes, it cannot be assumed that further places are not needed. In the plans for developing the service over the next ten years provision was made for an increase from 128 to 169 beds by 1970/1, assuming that there would be no increase to the size of the Borough.

In the summary of Local Authority Ten Year Plans published in April, 1963 the Ministry suggest that the average provision should be between 18 and 22 places in Homes for the elderly per thousand population aged 65 and over. The proposals in the last paragraph give a ratio of 21 for Dudley.

At the end of the year arrangements were made for the Mass Radiography Unit to visit all the Homes and with only one exception all residents were X-rayed. As a result it was necessary for one resident to be admitted to a sanatorium for treatment.



LAWNWOOD HOUSE OLD PEOPLE'S HOME

Temporary Accommodation

The problems of temporary accommodation and homelessness continue to receive considerable attention but as the L.C.C.'s research team pointed out in 1962, there is no evidence that the National Assistance Act, 1948, ever intended that welfare powers should be used to alleviate long term homelessness, caused by a general housing shortage.

Most of the families applying for temporary accommodation were primarily in need of permanent re-housing.

Whilst the present arrangements for the provision of temporary accommodation by the Housing Committee have on occasions been placed under some strain, a joint meeting of Representatives of the Housing, Welfare and Children's Committees held in November, resolved that the present arrangements for dealing with this problem should be continued. In one case, however, it was necessary for a mother and baby to be admitted to Lawnwood House before more suitable temporary accommodation could be found.

Welfare of the Blind

Wolverhampton, Dudley and District Institution for the Blind continued as the Council's agent for the provision of Welfare Services to the blind during 1962. Very good progress was made during the year in the completion of the new buildings at Sedgley although the move from the old premises in Wolverhampton to Sedgley took place in January, 1963 rather than at the end of 1962 as was originally anticipated.

At the same time as the new building was completed the Report of the Working Party on Workshops for the Blind was published. The Report lays great emphasis on the need to move away from the traditional handicrafts to modern mechanised processes and fore-shadows drastic changes in the trades practiced in workshops for the blind in the future. Although there will be many difficulties in implementing these recommendations, the fine new buildings at Sedgley will certainly give an opportunity to take full advantage of any proposals for introducing modern industrial practices.

The Register of the blind at 31st December, was made up as follows:

<i>Blind</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Employed	15	4	19
Unemployed	32	46	78
Children	2	1	3
Totals	49	51	100

<i>Partially Sighted</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Employed	2	1	3
Unemployed	2	3	5
Children	—	—	—
Totals	4	4	8

The following table gives details of new cases registered during the year:

(i) Number of cases registered as blind and partially sighted during the year in respect of which paragraph 7(c) of Forms B.D.8 recommends:	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(a) No treatment	—	—	1	11
(b) Treatment	1	1	—	5
(ii) Number of cases at (i)(b) above which on follow-up action have received treatment	—	—	—	4

No cases of ophthalmia neonatorum were notified during the year.

Welfare of the Deaf

The arrangements by which the Council provides its services to the deaf through the Agency of the Worcestershire and Herefordshire Association for Work Amongst the Deaf was continued during 1962. Many Local Authorities have since 1948, been glad to be able to use the skill and knowledge of such voluntary organizations and to make full use of them to provide social employment, general welfare and religious facilities.

The value of work for the deaf was emphasized in circular 25/61 which made recommendations regarding the extension of the work particularly in the provision of audiology services. During 1962 the Deaf Association appointed an additional member of staff and began the extension of its service on the lines recommended in the circular.

The Register for the deaf on 31st December, 1962 was as follows:

<i>Description</i>	<i>Children under 16 years</i>		<i>Persons aged 16—64 years</i>		<i>Persons aged 65 years and over</i>		<i>Total</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Deaf	3	5	25	15	6	4	58
Hard of Hearing	5	2	1	14	1	2	25
Total	8	7	26	29	7	6	83

Welfare of the Handicapped

The Table below shows there were 263 persons registered with the Local Authority as substantially and permanently handicapped at the end of 1963.

The service to them provides for home visiting, the giving of general advice and guidance, the provision of remedial aids and adaptations and a holiday scheme. Pastime occupation is also available in a centre (where meals are provided) and at home.

About 15 handicapped persons attend the handieraft centre on each of three days per week (45 persons in all) and there are a further 15 home-bound handicapped persons who require instruction at home.

In the plan for the development of Welfare Services over the next 10 years, a temporary all purpose building to come into use early in 1965 was proposed. This building will include social and pastime occupation facilities and provide experience for the development of a purpose built centre by 1971/2.

Appropriate voluntary services are provided by the Dudley Voluntary Association for the Handicapped and include a weekly Social Club, outings, friendly visiting, a hairdressing service and the provision of television sets for the housebound.

There are a number of handicapped persons in need of sheltered employment which it is proposed to provide in the new workshops for the blind at Sedgley. Three Local Authorities and the Institution submitted a scheme to the Ministry of Labour which was not accepted and at present a panel of industrialists are examining this problem in the light of the recently published report on workshops for the blind.

The Welfare Committee's third holiday scheme took place during the year when a party of eighty handicapped persons, escorts and staff spent a week at a holiday camp at Lowestoft.

The Register at the 31st December is shown below and is an increase of twenty over the previous year.

	<i>Under 16 years</i>	<i>16—64 years</i>	<i>65 and over</i>	<i>Total</i>
Male	—	94	46	140
Female	—	91	32	123
Total	—	185	78	263

Welfare of the Aged at Home

The elderly continue to make increasing demands on the Housing, Health and Welfare Services provided by the Local Authority, as well as on the General Practitioner and Hospital services.

The anticipated increase in the elderly population over the next ten years was taken into account in the forward plan of the Local Authority for the development of Health and Welfare Services.

Dudley's elderly population is below the national average (10% compared with 12%) but the number of old people per thousand population has grown from 88 in 1951 to 100 in 1961 and it must be

assumed that the proportion will continue to grow and get nearer to the national average.

The Local Authority's domiciliary services have an increasingly important part to play in the home care of the elderly and in addition need to be supported by adequate voluntary services. In the borough we are fortunate to have in the Dudley Old People's Welfare Association a thriving voluntary organisation which provides a holiday scheme, a visiting service, old people's clubs, Christmas parties and arranges an annual Rally. The Association is also active in developing new clubs when the need for this is shown.

During the year visits were made to three Homes where elderly persons were infirm and physically incapacitated and were living in insanitary conditions. One elderly lady was removed to hospital under the provision of Section 135 of the Mental Health Act, 1959. The circumstances under which she was living are shown in the photograph.



One man eventually agreed to be admitted to an Old People's Home and another to hospital after some persuasion.

Meals on Wheels

During 1962 an amendment to the National Assistance Act, 1948 greatly extended the powers of local authorities to provide meals and recreation for old people, enabling them —

- (a) To assist voluntary organisations to provide meals or recreation for old people, by making contributions to the cost of the

service; providing, by gift or loan or otherwise, furniture, vehicles or equipment; permitting them to use premises belonging to the local authority; and making available the services of local authority staff connected with the premises or vehicles which the organisation is permitted to use.

- (b) To provide meals and recreation for old people, either directly or through the agency of voluntary organisations, and to recover such charges (if any) as the authority may determine, having regard to the cost of the service.

The provision of the Act would enable local authorities and voluntary organisations, working in partnership, to extend their arrangements for the care of elderly people and in particular to provide the support needed to enable many who were frail or handicapped to continue to live at home.

In Dudley the 72 people who were being provided with one meal per week were provided with two meals from the 1st April. The supply of meals for this service from Lawnwood House commenced early in September which overcame the disadvantage of relying on a school kitchen which was closed during school holidays.

I would like to take this opportunity to thank the Chief Education Officer and his staff for the ready co-operation and willing help which was given during a period of more than ten years when this service was supplied from a school kitchen.

There is a need for a day centre in Dudley which the Women's Voluntary Service would assist in operating and in the Ten Year Plan it was proposed that an all purpose building for the handicapped might be used as a day Club for the elderly. Meals would be provided from a kitchen which would be able to supply a greatly extended meals on wheels service.

Moral Welfare

I should like to record my appreciation of the work of the Worcester Diocesan Moral Welfare Association whose help is invaluable in placing girls in suitable accommodation.

The Council accepted financial responsibility during the year in five cases compared with seven in 1961, five in 1960 and eleven in 1959.

All five cases were single girls and their ages were, one aged 24, one aged 22, two aged 19 and one aged 18.

Temporary Protection of Property

The temporary property store in Dock Lane became due for demolition during the year and property was moved into premises in Cleveland Street in July. I must again comment that the premises for the storage of property are not really any more satisfactory than those we have had in past years for this purpose. The property in store still deteriorates for this reason.

No further property was taken into store during the year, successful efforts being made to resolve the problems which arose in other ways. The property store is also used to store gifts of furniture, etc., which are distributed in cases where there is an urgent need.

Burials and Cremations

Three funerals were carried out during the year, of persons who died whilst in the Committee's care in Old People's Homes. I commented last year that an increasing number of people now qualify for death grant, which has some effect on the number of requests to the Local Authority for assistance with burials. In 1962, however, the funerals carried out were necessary not for financial reasons but because there were no relatives available.

Conclusion

I have referred in the Report to a number of Organisations whose assistance to the Department during the year is invaluable, but my Report would be incomplete without an expression of thanks to the following:

Dudley Rotary Club, Dudley Training College, Dudley Round Table, Messrs. Kendricks Coaches, Inner Wheel, Infantile Paralysis Fellowship, Licensed Victualiers, St. John's Ambulance Brigade and Cadets, Red Cross, Townswomen's Guild.

Local Medical Practitioners and hospitals, the National Assistance Board and Ministry of Pensions and National Insurance are again to be thanked for their willing help and co-operation in resolving many problems with which the Department was confronted during the year.

CLINIC SERVICES

Infant Welfare sessions were held each week as follows:—

Central Clinic, Hall Street, Dudley, on Tuesday and Friday afternoons.

Netherton Clinic, Art Centre, Netherton, on Friday afternoons.

Holly Hall Clinic, Stourbridge Road, on Monday and Thursday afternoons.

Priory Clinic, Cedar Road, on Tuesday and Thursday afternoons.

Dudley Wood Clinic, on Monday and Friday afternoons.

Ante-natal Clinics were held each week as follows:—

Central Clinic on Thursday afternoon.

Priory Clinic on Wednesday afternoon.

Holly Hall Clinic on Tuesday afternoon.

Dudley Wood Clinic on Wednesday afternoon.

Minor Ailment Clinics were held each week-day morning as follows:—

Central Clinic

Yew Tree Hills School

Priory Clinic

Holly Hall Clinic

Dudley Wood Clinic

Ear, Nose and Throat Clinic on Saturday morning.

Ophthalmic Clinics on Wednesday, Thursday and Friday mornings.

Physiotherapy Clinics daily.

Artificial Sunlight Clinics on Monday, Wednesday and Thursday.

Orthopaedic Clinic on Friday.

Dental Clinics were held at Central, Priory, Holly Hall and Dudley Wood Clinics.

Child Guidance Clinic on Monday morning.

Obstetric Clinic once monthly on Monday.

ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

Medical Inspection of School Children

The system of medical inspection remains the same as in previous years.

This provides for three routine examinations—on entry to school, in the last year at primary school and in the last year before leaving school.

Children who were absent at the time of the examination were given another appointment to attend soon after they returned to school.

A number of authorities have in recent years replaced the routine inspections of junior school children by selective examinations. It was not possible to make this change during the year but as there is no doubt that the selective procedure is the better method it is hoped that arrangements can be made to introduce it soon.

Periodic Medical Examination

The following table shows the number of children examined by years of birth and the number of individual pupils found to require treatment (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected				Pupils found to require treatment (excluding Dental Diseases and Infestation with Vermin)		
		Satisfactory		Un-satisfactory		For Defective Vision (excluding Squint)	For any other Conditions	Total Individual Pupils
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1958 and later	118	118	100.0	—	—	—	4	4
1957	246	242	98.4	4	1.6	4	16	20
1956	385	382	99.2	3	0.8	21	41	62
1955	132	132	100.0	—	—	4	17	21
1954	17	17	100.0	—	—	—	—	—
1953	16	16	100.0	—	—	1	1	2
1952	409	404	98.8	5	1.2	46	27	73
1951	623	614	98.6	9	1.4	45	33	77
1950	222	220	99.1	2	0.9	36	20	56
1949	20	19	95.0	1	5.0	—	—	—
1948	12	12	100.0	—	—	1	—	1
1947 and earlier	1121	1108	98.8	13	1.2	88	56	141
Totals	3321	3284	98.9	37	1.1	246	215	457

The total number of children examined was 3,321 compared with 2,639 in 1961. Of these 37 (1.1%) were considered to be of unsatisfactory general condition. These pupils were kept under strict observation and every appropriate form of social and medical care was made available.

Presence of Parents at Periodic Medical Inspections

<i>Age Group Inspected</i>	<i>No. of Pupils Inspected</i>	<i>Percentage of Parents Present</i>
Entrants	739	96.1
Leavers	1122	16.2
Other Periodics	1460	89.1

The attendance of parents at the routine periodic medical inspections shows a slight improvement on last year. The attendance at the initial examination at the infants' schools is extremely good, but as usual the leavers are rarely accompanied.

Defects found by Medical Inspections during the year

<i>Defect Code No.</i>	<i>Defect or Disease</i>	<i>Periodic Inspections</i>							
		<i>Entrants</i>		<i>Leavers</i>		<i>Others</i>		<i>Total</i>	
		<i>T</i>	<i>O</i>	<i>T</i>	<i>O</i>	<i>T</i>	<i>O</i>	<i>T</i>	<i>O</i> †
4	Skin.....	1	5	15	33	6	16	22	54
5	Eyes—								
	(a) Vision	30	26	89	151	127	123	246	300
	(b) Squint.....	3	6	—	—	2	2	5	8
	(c) Other	2	—	—	—	1	4	3	4
6	Ears—								
	(a) Hearing	1	1	—	2	3	2	4	5
	(b) Otitis Media	—	4	2	17	5	14	7	35
	(c) Other	4	1	4	10	6	10	14	21
7	Nose and Throat	25	50	5	58	9	73	39	181
8	Speech	5	1	—	3	1	16	6	20
9	Lymphatic Glands.....	—	19	—	33	1	52	1	104
10	Heart	1	11	1	11	—	14	2	36
11	Lungs	10	22	1	12	1	25	12	59
12	Developmental—								
	(a) Hernia	1	9	—	—	2	2	3	11
	(b) Other	—	31	—	12	8	31	8	74
13	Orthopaedic—								
	(a) Posture	2	8	1	6	—	9	3	23
	(b) Feet	5	15	3	8	4	20	12	43
	(c) Other	3	15	—	12	3	9	6	36
14	Nervous System—								
	(a) Epilepsy	—	2	—	2	—	5	—	9
	(b) Other	—	—	—	3	—	2	—	5
15	Psychological—								
	(a) Development	—	7	—	5	—	27	—	39
	(b) Stability	—	4	—	3	—	26	—	33
16	Abdomen	—	—	—	1	—	2	—	3
17	Other	12	4	21	5	35	3	68	12

† T.=Defect requiring Treatment

O.=Defect requiring Observation

It is not possible to draw any general conclusions from these figures as the definition of “requiring treatment” and “requiring observation” varies with different school medical officers. Those under observation include many defects which may be corrected spontaneously never require treatment and are kept under observation as a precautionary measure.

Result of Special Inspections

The following table shows the number of defects found at special inspections: —

<i>Defect Code No.</i>	<i>Defect or Disease</i>	<i>Special Inspections</i>	
		<i>Requiring Treatment</i>	<i>Requiring Observation</i>
4	Skin	195	39
5	Eyes—		
	(a) Vision	160	149
	(b) Squint	4	—
	(c) Other	27	3
6	Ears—		
	(a) Hearing	4	9
	(b) Otitis Media	52	18
	(c) Other	20	4
7	Nose and Throat	33	74
8	Speech	4	20
9	Lymphatic Glands	1	43
10	Heart	3	28
11	Lungs	9	60
12	Developmental—		
	(a) Hernia	5	5
	(b) Other	6	32
13	Orthopaedic—		
	(a) Posture	5	12
	(b) Feet	16	26
	(c) Other	19	11
14	Nervous System—		
	(a) Epilepsy	1	5
	(b) Other	—	4
15	Psychological—		
	(a) Development	1	29
	(b) Stability	4	32
16	Abdomen	—	2
17	Other	483	59

A total of 2,844 children were seen at these special inspections. 1,063 of these were seen at the various clinics at the request of parents, head teachers, school nurses or Education Welfare Officers. The majority of children calling for this continued supervision are those with defects of vision, ear, nose, throat and lungs. Parents were advised and their children referred to their general practitioner or the appropriate specialist as necessary. The remaining 1,781 pupils

were seen at re-inspections in all schools in the Borough. These were children noted at previous routine medical inspections to be in need of further observation, treatment and advice. These inspections are found to be of particular value in bringing to light children who, owing to one cause or another, have failed to attend either the specialist clinic or their general practitioner.

Minor Ailment Clinics

For most of the year Minor Ailment Clinics were held at five Centres for an hour each morning with a nurse in attendance. A doctor was available at the Central Clinic each morning and another doctor attended each of the peripheral clinics on one morning each week. As all schools in the borough are supplied with first-aid dressings for treatment of minor cuts and abrasions it was considered unnecessary to provide additional facilities at the clinics each day. The number of minor ailment clinics was therefore reduced for the last two months of the year when the Central Clinic was open for treatment between 9-0 a.m. and 10-0 a.m. each day with a doctor in attendance on Monday and Friday only. At Priory Clinic a nurse only was in attendance on Monday, Wednesday and Friday at the same time.

During 1962 a total of 2,877 pupils were treated.

School Absences

At the request of the Chief Education Officer appointments or home visits were made in cases of prolonged absence from school. In this respect 47 children were seen during the year. In almost every case there was consultation with the general practitioner. Of the 47 pupils examined 38 were found to be physically fit at the time of medical examination and returned to school immediately. Five were found to be of subnormal nutrition and debilitated and were recommended for a term at Malvern Open Air School. Until such vacancies occurred at the Open Air School they returned to their ordinary school and were kept under observation. Two were referred to the Ear, Nose and Throat Consultant and were subsequently placed on the waiting list for operative treatment for the removal of tonsils. One child with curvature of the spine was referred back to the specialist and afterwards returned to school. In the remaining case a recommendation was made as to change of school to meet the need arising from family circumstances.

Foot Clinic

In connection with the reported increase in the incidence of foot infections at two schools in the Borough, the Senior Assistant Medical Officer investigated the cause and held special clinics at the schools concerned with the following results:—

590 children seen— 37 found to have infections:

Verrucas—referred for treatment at the Guest Hospital	7
Verrucas—treated at Clinic	14
Mycotic Infections—treated at Clinic	16

The children were not at the time receiving swimming instruction and those infected were advised not to swim until the infections had been cleared. In both schools the children were attending barefoot for physical exercises in the gymnasium; in one of the schools mats were used. The head teachers were advised against the children carrying out physical training without plimsols and an antiseptic solution was prescribed for treating the floor and mats in the gymnasium.

Work of the School Nurses

The majority of nurses doing school work are also health visitors and, since they know the child's background before he enters school, they are well qualified to direct and lead the child and also to advise the teacher on matters relating to his physical and mental welfare. Their work has been carried out with efficiency and discretion and has continued to contribute to the very satisfactory state of health of the school child in the borough. The following is a summary of the work carried out by the school nurses:

	<i>Number of Sessions</i>	<i>Number of Visits</i>
Head Inspections	185	—
Head Re-Inspections	195	—
(No. of school children cleansed 72)		
School home visits	—	180
Special visits to school	—	141
Special Medical Inspections at schools and clinics	179	—
Routine Medical Inspections at schools and clinics	186	—
Minor Ailment Sessions	1250	—
Immunisation Sessions (including Polio- myelitis)	411	—
Special home visits re pupils (ascertain- ments, etc.)	—	89
Environmental reports rendered	—	24
Futile visits made	—	461
Miscellaneous visits made	—	127
Follow-up visits for:—		
Visual Defects	—	13
Orthopaedic Cases	—	21
Verminous Cases	—	76
Skin Conditions	—	12
Ear, Nose and Throat Clinic	30	—
Smallpox Vaccination	24	—
Doctors' School Clinic	55	—
Audiometry	14	—
Vision Testing	18	—
Malvern Open Air School	6	—
Clerical Sessions	52	—
Dental Sessions	16	—
B.C.G.	19	—

Vaccination and Immunisation

Tuberculosis

In Circular 22/53 the Minister of Health expressed his willingness to approve proposals of Local Health Authorities to provide B.C.G. Vaccination to 13 year old children. This age was chosen because it enabled the great majority of children to be vaccinated in what was their penultimate year at school and to leave school with such protection as the vaccination offered. In 1959 the Minister approved an extension to these arrangements as follows:

- (i) to children of 14 years of age and upwards who are still at school and also students attending universities, teacher training colleges, technical colleges or other establishments of further education; and
- (ii) it having been represented that it would be convenient if vaccination could be offered to whole school classes even though a few of the children are under 13 years of age, the Minister is prepared to approve arrangements on these lines.

Again in 1961 the arrangements were further extended to include in the scheme school children aged 10 years or more.

It was not, however, suggested that it was necessary to include children in the last group except where it appeared to be justified by the risk of tuberculous infection during later school life. It was not considered that such a risk existed in Dudley. Because of staffing difficulties students attending the Training College and Technical College have not yet been offered B.C.G. Vaccination.

Details of the work done are as follows:—

Number offered skin test ....	....	....	....	....	1304
Number of consents received ....	....	....	....	....	1050
Number of skin tests ....	....	....	....	....	1209
Number found positive ....	....	....	....	....	122
Number found negative ....	....	....	....	....	931
Number vaccinated ....	....	....	....	....	864

Smallpox

1,383 school children were vaccinated against smallpox. This high figure was due entirely to the incidence of smallpox in neighbouring Authorities which was responsible for parents demanding to have their children vaccinated. The policy of the Department was against mass vaccination.

Diphtheria

In Circular 17/62 the Minister of Health asked every Local Health Authority during the summer and autumn to make a comprehensive plan for reaching and maintaining in its area as high a level of immunisation and vaccination as possible. In Dudley only 43% of children up to the age of 4 years had been adequately protected and there was only one other major Local Authority in the whole of the country which had a worse record than this. In school children the situation was only a little better. It was, therefore, decided to arrange a vaccination and immunisation campaign and at the same time as intensive press publicity, circular letters were distributed

through infant schools to all parents reminding them of the dangers to which they exposed their children if they were not immunised. They were asked to return completed forms through the schools where immunisation against diphtheria and tetanus would be carried out. The response to this was encouraging, some 2,073 forms being returned out of 2,590 letters distributed of these there were less than 20 refusals. The results of these efforts will not show in the statistics until 1963.

Infectious Disease

The only infectious diseases notified in school children were six cases of scarlet fever and three of measles. Chickenpox and mumps were again responsible for absence from school but these diseases are not notifiable.

Tuberculosis

One non-pulmonary and two pulmonary cases were notified in school children. In one of these cases it was thought desirable to skin test and where necessary X-ray all the children in one class and all the teachers who had had contact with the notified case. Fortunately no further cases were found among the school contacts.

Uncleanliness

30,965 head inspections were carried out during the year and the necessary steps taken to ensure that the 747 pupils found to be infested were cleansed. On the whole the standard of cleanliness in this respect was no worse than in previous years but the position is far from satisfactory as 2.4% of the school-child population remains infested.

In one school a serious incidence of infestation was reported, affecting 22 children. The parents of those children known to be persistent offenders were invited to attend a special Committee and, as a result of this action and the normal follow-up procedure, none of the children concerned became re-infested during the year.

Diseases of the Skin

Again no case of scabies was reported in school children during the year. Other skin diseases consist mainly of the inevitable crop of warts and minor rashes.

	<i>Number of Cases known to have been treated</i>			
Ringworm				
(a) Scalp	1	....	...	—
(b) Body	—	—	—	—
Scabies	—	—	—	—
Impetigo	...	....	.	88
Other Skin Diseases	...	....	....	522
Total				610

Specialists' Clinics

The service continues to be indebted to the Regional Hospital Board and local Hospital Management Committee for providing consultant services on our own premises. This offers advantages to both patients and parents. It is also a great help and time-saver to consultants to have medical records available. The up-to-date facilities and accommodation provided in the new Central Clinic have greatly improved the services and the more congenial surroundings have added much to the comfort of both patients and staff.

Ophthalmic Clinic

Routine Medical Inspections at schools revealed 254 children requiring treatment for eye conditions (246 for errors of refraction and 8 for squint and other conditions) and 312 were noted for future observation.

Dr. L. H. G. Moore continued his special ophthalmic clinics. A total of 125 sessions were carried out during the year, when 406 children were examined for the first time and 791, previously examined, were reviewed. Spectacles were provided for 714 children.

	<i>Number of Cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	13
Errors of refraction (including squint)	1,184
Total	1,197
Number of Pupils for whom spectacles were pres- cribed	714

Ophthalmic Inspections by School Nurses

These inspections, which were commenced in October, 1961, continued throughout the year. During that time 15 Junior and Senior schools were visited by school nurses with results as shown in the table overleaf. These inspections are proving of value in detecting defects of vision which may develop between the three routine medical inspections and also in ensuring treatment for those children who, for a variety of reasons, fail to attend for periodic review by the eye specialist.

Number of children inspected	1285
Number referred to office for action	266
Of this number (266):	
Number referred to Eye Clinic, including 8 who had been given previous appointments and had failed to attend	134
Number already given current or future appointments by office	11
V/A too good for referral (6/6—6/9 or 6/9 both) and listed for future observation	87
Seen previously and discharged by eye specialist	1
Left district before sent for, attending opticians and various other queries	33
	<hr/> 266

Orthoptic Clinic

Throughout the year the visiting orthoptist has continued to carry out six sessions monthly at the Central Clinic and the following are details of children seen:—

New Cases for examination and registration	76
Old Cases: For treatment	80
For occlusion	64
For tests and observation	23
For periodic check-up	12
Miscellaneous visits	6
	<hr/> 185
Total Attendances	<hr/> 261
Discharges: Cured by Orthoptics	29
Cured by Orthoptics and operative treat- ment	2
Good cosmetic result	3
Considered satisfactory by parents only	4
Transferred to hospital for operative treatment	11
Failed to attend	23

Orthopaedic Clinic

During 1962 Mr. J. A. O'Gara, F.R.C.S., has continued his fortnightly visits, the Orthopaedic Clinic remaining under the direction of the Dudley, Stourbridge & District Hospital Group. The number of treatments given, 416, being approximately the same as in the preceding year. The 123 children noted at Routine Medical Inspections as having orthopaedic defects included 21 who required treatment and they are included in the total of 416 referred to above. The remaining 102 were kept under observation.

Physiotherapy Clinic

This clinic has remained under the direction of the Dudley, Stourbridge & District Hospital Group, with a trained physiotherapist holding sessions each working day. As in previous years, postural defects, pes planus and genu valgum of varying degrees of severity have accounted for the great majority of cases. Once again the number of cases referred for breathing exercises showed a decrease but, with the improvement in equipment and accommodation, it has been possible to make more progress with children attending for treatment over long periods.

Ear, Nose and Throat Clinic

The number of children receiving operative treatment for the removal of tonsils and adenoids showed an appreciable increase—236 as against 102 in the previous year. In addition three children received operative treatment for diseases of the ear and five for other nose and throat conditions, while three children received other forms of treatment.

During the year at medical inspections 173 children were noted as requiring treatment and 347 were kept under observation.

Treatment:—

	<i>Number of Cases known to have been dealt with</i>
Received operative treatment—	
(a) for diseases of the ear	8
(b) for adenoids and chronic tonsillitis	236
(c) for other nose and throat conditions	5
Received other forms of treatment	3
Total	247
Total number of pupils who are known to have been provided with hearing aids—	
(a) in 1962	3
(b) in previous years	38

Pure-Tone Audiometer Testing for Suspected Deafness

Mrs. Crellin, of the Worcestershire & Herefordshire Association for the Deaf, continued to carry out routine testing of all six-year-old children. During the year 787 children of this age were tested by pure-tone audiometer. 47 children who failed the test were referred for further audiometric testing and clinical examination by the Senior Assistant Medical Officer, Dr. M. Kerrigan.

Details of audiometry carried out at the Central Clinic are as follows:—

Referred for re-test by Mrs. Crellin	47
First Appointments: Referred by School Medical Officer	25
Re-examinations	46
	<hr/> 118 <hr/>

Of the 118 seen at Central Clinic, seven were referred by Dr. Kerrigan to the Birmingham Audiological Clinic for more extensive tests and were subsequently seen by Mr. W. K. Hamilton, the aural surgeon, who recommended three to be fitted with hearing aids and two for operative treatment.

Mrs. Crellin also took regular weekly classes in lip-reading and special classes to train children in the use of their hearing-aids.

Teachers are encouraged to bring forward children from other age groups who show speech defects, backwardness, emotional disturbances or other features which conceivably might be caused by partial hearing loss.

Child Guidance Clinic

Dr. D. T. Maclay, Consultant Child Psychiatrist, continued his weekly session at the Central Clinic, where there are now improved facilities for treatment, play therapy, etc. Miss Meyerhof also continued to attend this Clinic for one session weekly and has rendered valuable assistance in screening educationally subnormal children for referral to Dr. Kerrigan. Children were seen by Dr. Maclay and Miss Meyerhof at the request of school medical officers, general practitioners, head teachers, Childrens' Officer and the Courts.

The following figures show the work carried out during the year:

New Patients

Anxiety	9
Behaviour Disorder	6
Stealing	4
Insecurity	1
Backwardness	2
School Phobia	3
School Refusal	2
Enuresis	2

Sources of Referral

Parents	4
Probation Officer	4
School Medical Officers	7
General Practitioners	5
Head Teachers	4
Hospital	1
Mental Welfare Officer	1
Children's Officer	3
	<hr/> 29 <hr/>

Remand Home

During the year children admitted to the new Remand Home at Saltwells House, which was opened towards the end of the year, were referred to Dr. Maelay by various Magistrates' Courts. Figures of the work carried out in this respect are as follows, and they are in addition to the figures quoted above:—

New Cases

Breaking and Entering	1
School Refusal	1
Behaviour Disorder	1
Stealing	7
	<hr/> 10 <hr/>

Sources of Referral

Magistrates' Courts	10
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Total Number of Interviews

(including Remand Home Cases)

(a) Psychiatrist	316
(b) Psychologist	31

REPORT OF CHIEF DENTAL OFFICER

Staff

The staffing position has remained practically the same as last year, although it has been of a transitory nature—as one part-time dental surgeon came another left to go full time into private practice and Mr. Stone, who had been full time with us for two and a half years resigned to take up an appointment with Gloucestershire. The average number of dentists over the year has been 2.86 ending up in December with 2.4. The minimum establishment should be 3.5.

The staff for the year has been as follows:—

Mrs. J. P. McEwan, until April at Priory then at the new Central Clinic	1.0
Mr. Stone until he resigned in December, at Holly Hall	1.0
Mr. Oliver, where number of sessions per week vary, at Dudley Wood	.4
Mr. Denning (left April, 1962) at Dudley Wood	.4
Mr. Brickett at Dudley Wood	.1
Mr. Heldreich took over Mr. Denning's sessions plus 2 in April and resigned in December to take up full-time private practice.	

Work Carried Out

I am pleased to say that the number of fillings has increased slightly and the number of extractions reduced compared with last year.

<i>Fillings</i>		<i>Extractions</i>	
1961	1962	1961	1962
6.809	7.013	3.531	2.809

The number of orthodontic cases completed rose from 9 to 20, and the number of dentures has increased from 16 to 33 which is still quite a low figure.

Number of children inspected at school	8422
Number of children inspected as casuals	1167
Total inspected	9589
Number requiring treatment	6972
Number offered treatment	5476
Number actually treated	2286
Number of attendances for treatment	6853

Many of those pupils inspected late in 1962 will not be treated until 1963 due to changes in the staffing position.

Opening of New Central Clinic

The opening of the new Central Clinic in April of this year was indeed well worth waiting for. There has been a transformation scene on the site of the old Firs Clinic. The dental wing, which is self contained, consists of waiting room, two conservation surgeries, dark room, office staff room and toilets, laboratory and recovery room. It is most pleasant to work in. The electric under-floor heating has proved a boon during the cold winter weather. The new "Kavo" Dental Unit has proved very satisfactory. At Dudley Wood Clinic a mobile "Kavo" Aeroter was installed.

Propaganda and Education in Dental Care

Once again during the year several thousand coloured booklets and pamphlets supplied free from the Oral Hygiene Service and the Ministry of Health have been distributed at school inspections. Films provided by the Oral Hygiene Service have been shown at a few schools and where possible in the Infant and Junior Schools I gave a short talk to each class before their teeth were examined.

Slices of raw carrot are still being supplied to children after school dinners and the school tuck shops are restricted to the sale of nuts and raisins and potato crisps. One or two Headmasters have told me that the profits for their school funds from the tuck sales have not decreased.

The standard of oral hygiene is gradually improving. In the Girls' High School it is very good indeed.

Fluoridation of the Domestic Water Supply

The findings of the pilot schemes in Kilmarnock, Anglesey and Watford have now been published. They have shown, as has already been shown in the U.S.A. and New Zealand, that fluoride added to the domestic water supply at a concentration of one part per million will safely reduce the incidence of dental decay in young children by 50%—60%. Since the Minister of Health has supported the fluoridation of domestic water supplies I am pleased to say that Dudley Council has expressed the wish for fluoride to be added to the water supply of Dudley. It would indeed be a pity for any local authority not to take advantage of such a step forward in the prevention of dental decay—this uncomfortable scourge of civilized humanity.

I would like to take the opportunity of placing on record my thanks to my staff for their loyal support, also for their kind co-operation, Dr. Reynolds, the Medical Staff, Mr. Trinder and the office staff at the Council House, Mr. Woolley and his staff at the Central Clinic and all the Head Teachers and staffs of the schools inspected.

J. P. McEWAN (Mrs.)

Chief Dental Officer

Dental Inspection and Treatment

1. Number of Pupils inspected by the Authority's Dental Officers:	
(a) At Periodic Inspections	8,422
(b) At Specials	1,167
Total (1)	9,589
2. Number found to require treatment	6,972
3. Number offered treatment	5,476
4. Number actually treated	2,286
5. Number of attendances made by pupils for treatment, including those recorded at heading 11(h) below	6,858
6. Half-days devoted to:	
Periodic (School) Inspection	77
Treatment	1045.5
Total (6)	1122.5
7. Fillings:	
Permanent Teeth	6,440
Temporary Teeth	578
Total (7)	7,013
8. Number of teeth filled:	
Permanent Teeth	5,682
Temporary Teeth	547
Total (8)	6,229
9. Extractions:	
Permanent Teeth	1,115
Temporary Teeth	1,694
Total (9)	2,809
10. Administration of general anaesthetics for extraction	1,076
11. Orthodontics:	
(a) New Cases commenced	81
(b) New Cases carried forward	8
(c) Cases completed	20
(d) Cases discontinued	8
(e) New Pupils treated with appliances	19
(f) Removable appliances fitted	22
(g) Fixed appliances fitted	—
(h) Total attendances (Orthodontics)	188
12. Number of pupils fitted with artificial dentures	33
13. Other Operations:	
Permanent Teeth	342
Temporary Teeth	15
Total (13)	357
14. X-Ray Cases	108
15. Failed Appointments	1,898

Handicapped Pupils

As a result of almost 20 years of compulsory ascertainment we now have a deeper understanding of the needs of the handicapped pupil. We not only advise them how to overcome their medical, educational and social problems, but they are also encouraged to develop their latent potentialities in an effort to compensate for the limitations imposed by their specific handicap.

The most favourable results are, of course, to be obtained by the early ascertainment and institution of appropriate treatment. This especially applies when the cause of the defect is congenital or present at birth, and the health visitors are fully aware of the importance of such children being ascertained at the earliest age. A proportion of mildly handicapped children are still found at the first periodic medical inspection either previously unrecognised or as cases where parents have failed to take advantage of the medical services available. Others are referred by head teachers for medical opinion shortly after school entrance.

Handicapped children are seen on every visit to the school by the medical officer and, in addition, at clinics when considered necessary. In all cases of handicap it is necessary that experienced officers should examine the child before a final decision is made.

Children Unsuitable for Education at School

A few of these children are so severely subnormal that school attendance is never considered but the majority enter an infants' school for a trial period and are kept under observation. Only when it is apparent to parent, teacher and examining medical officer that the child is unsuitable for education at school is exclusion recommended.

During the year ten children (one aged 4, one aged 5, three aged 7, two aged 8, two aged 9 and one aged 11) were referred to the Local Health Authority as being unsuitable for education at school.

Two of these children (one aged 7 and one aged 11) never attended school but had received home tuition and two (one aged 8 and one aged 9) were found to be unsuitable for education at school whilst attending Sutton Day Special School for educationally subnormal pupils.

- (a) **Blind Pupils**—"that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight."

Children found to be blind are admitted to a residential special school. Throughout the year two children were attending the following schools:—

Henshaw's Residential School for the Blind, Manchester	1
Condover Residential School for the Blind, Kettering....	1

During the year one boy aged 2 years was ascertained, the cause of blindness being retrolental fibroplasia and an application was submitted for his admission to one of the Sunshine Homes for Blind Babies. He was still awaiting a vacancy at the end of the year.

- (b) **Partially Sighted Pupils**—"that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight."

No child was ascertained during the year for admission to a special school for the partially sighted.

One child was transferred to this Authority from another Authority having previously attended Exhall Grange Special School for partially-sighted children, the cause of partial blindness being high myopia. She was taken away from this school by the parents and is now attending a secondary modern school where she is being kept under observation.

- (c) **Deaf Pupils**—“that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.”

Throughout the year eight children were attending the following schools:—

North Staffordshire Residential School, Stoke-on-Trent	2
Longwill Day School for the Deaf, Birmingham	3
Royal School for the Deaf, Birmingham	3

No child was newly ascertained during the year.

- (d) **Partially Deaf Pupils**—“that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.”

Throughout the year five children were attending the following schools:—

Needwood Residential School, Staffordshire	1
North Staffordshire Residential School, Stoke-on-Trent	1
Hamilton Lodge, Brighton	1
Longwill Day School for the Deaf, Birmingham	2

During the year three children were referred from routine hearing tests for consultant opinion and were subsequently recommended to have hearing aids. They were able to remain in ordinary schools and given special tuition in the use of the aid and in lip-reading.

- (e) **Educationally Subnormal Pupils**—“that is to say, pupils who by reason of limited ability or other conditions resulting in educational retardation require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.”

At the end of the year nine children were attending the following residential schools, three of them being ascertained during the year.

Besford Court, Worcester	4
St. Francis' Residential School, Birmingham	1
Thingwall Residential School, Liverpool	1
Crowthorn Residential School, Bolton	3

Two boys left residential school at the end of the year on reaching the age of 16 years. One was found suitable employment and the other, considered fit for simple employment, was subsequently placed in such employment and also referred to the Local Health Authority

for care and guidance. One child, who was ascertained as a high-grade mongol and was attending a Residential Special School for educationally subnormal pupils, died during the year, the cause of death being (a) Terminal acute broncho-pneumonia (b) Congenital malformation of heart (sub-valvular pulmonary stenosis).

Miss Meyerhof, Educational Psychologist, has continued the screening of children referred by teachers on account of backwardness. Severe cases were referred for further testing by Dr. M. Kerrigan, Senior Assistant School Medical Officer, who was assisted in this work by Dr. C. Granville who had in the previous year attended a course of instruction on ascertaining of educationally subnormal children and mental defectives and was approved by the Ministry of Education under Section 2 of the School Health Service and Handicapped Pupils' Regulations, 1953.

102 statutory examinations for the purpose of ascertaining educationally subnormal pupils were carried out by the approved medical officers during the year. The majority of these examinations were held at the Central and peripheral clinics but some were carried out in schools and, in special cases, home visits made. Of the 102 examined 66 were ascertained as educationally subnormal pupils and the following recommendations made:—

To remain at Ordinary School	....	....	....	....	2
To attend Day Special School	....	....	....	....	52
To attend Special Residential School	....	....	....	....	2
Requiring care or guidance after leaving school	....	....	....	....	10
Total					66

36 children received other examinations which resulted in the following recommendations:—

Unsuitable for education in ordinary school, for admission to Junior Training Centre	....	....	....	....	10
Re-ascertained, to remain in ordinary school	....	....	....	....	8
Re-ascertained to remain in Day Educationally Subnormal School	....	....	....	....	3
Preliminary Examinations, and referred for ascertainment under Section 57 of the Education Act, 1944	....	....	....	....	5
Deferred, for re-ascertainment under Section 34 of the Education Act, 1944	....	....	....	....	10
Total					36

During the year a new day special school for Educationally Subnormal Pupils providing 120 places was opened. As at the end of the year there were 210 ascertained Educationally Subnormal Pupils in the Borough, this meant that 90 were receiving special educational treatment in small classes in ordinary schools.

(f) **Epileptic Pupils**—"that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils."

No cases were ascertained as requiring special educational treatment during the year.

- (g) **Maladjusted Pupils**—"that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment."

Throughout the year five children were attending the following residential schools:—

Cicely Haughton Boarding School, Stoke-on-Trent	2
St. George's Residential, Gloucestershire	1
The Edward Rudolph Residential, London S.E.22	1
St. Anne's Roman Catholic Residential, London, W.10	1

No cases were ascertained during the year.

- (h) **Physically Handicapped Pupils**—"that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools."

Children who are physically handicapped are ascertained at an early age and if it is considered that their disability makes it inadvisable that they should attend an ordinary school they are admitted to a school for physically handicapped children. If there is any doubt a trial period at an ordinary school is arranged.

At the end of the year two children were attending residential schools, one of whom was ascertained during the year following a diagnosis of osteogenesis imperfecta.

The Children's Convalescent Home & School, West Kirby	1
Bethesda Hospital School, Cheadle, Cheshire	1

One other child who was previously attending a residential school with partial paralysis of both legs following tuberculous meningitis, was taken from the school by his parent and arrangements were made for him to attend an ordinary school where he remained for 12 months. He was then ascertained as being educationally subnormal and admitted to a day special school for educationally subnormal pupils, with transport provided daily. The head teacher reports that he is now making satisfactory progress.

Five children with various physical disabilities also attend ordinary school and were transported to and from there by car.

The reasons for providing special transport were as follows:—

Partial spasticity	1
Severe Deformity of Knee following road accident	1
Paralysis (post poliomyelitis)	3

Three other children, with the following physical disabilities, received throughout the year, home tuition for approximately four hours per week:—

Perthes Disease	1
Rheumatoid Arthritis	1
Osteogenesis Imperfecta	1

- (i) **Pupils Suffering from Speech Defects**—"that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment."

There are no pupils ascertained in this category but there are many who have speech defects and this year for the first time for several years we have been fortunate to have the services of a full-time speech therapist for the whole of the period.

Number of individual cases receiving treatment at end of year: 62

Reason for referral:

Dyslalia	....	....	....	....	....	....	225
Alalia	....	....	....	....	....	....	5
Stammer	....	....	....	....	....	....	85
Others	....	....	....	....	....	....	85

Sources of Referrals:

Head Teachers	....	....	....	....	....	370
School Medical Officer	....	....	....	....	....	24
General Practitioner	....	....	....	....	....	1
Others	....	....	....	....	....	5
Total Attendances	....	....	....	....	....	1895
Number of treatments	....	....	....	....	....	1469
Number of sessions	....	....	....	....	....	430
Number of cases interviewed and placed on waiting list for treatment at end of year	....	....	....	....	....	130
Number of cases under observation	....	....	....	....	....	169
Number of children under treatment at Sutton School	....	....	....	....	....	9
Number of sessions per week at Sutton School	....	....	....	....	....	1

During the year a special survey of children in the Borough was undertaken by Miss Davidson who reports as follows:—

"1962 has been a very busy year; in addition to the normal working of the Speech Clinics, a school survey has been effected and a visit made to Italy for the International Congress of the Logopaedic and Phoniatrie Society.

The Congress was most valuable and enjoyable. About 400 delegates from almost every country in the world including Russia, attended. Everyone was a worker in the very wide field of speech and hearing, all working in different ways to the same end—normal intelligible speech. I am most grateful that I was given the opportunity to attend the Congress and to extend my knowledge in so many ways, profiting from world-wide research in this field.

The Survey which I carried out in the Borough during the year has also been a most pleasant experience. I have been welcomed and helped by every school, and the contacts I made there are already proving their worth. The results of the survey have been given in the total figures for the year.

Two unusual cases have come to the clinic during the year. The first, a little girl aged 8 years, with developmental executive dysphasia, is at present attending a school for educationally subnormal pupils. She has probably also some hearing loss which is being investigated, and there is a history of late and poor speech in the family. At present she has the vocabulary of a three-year-old, many objects being given the same name, all fruit is "apple" except bananas, and all walking animals are "cat," "dog" or "horse" according to size, but she will clearly name a fish because she knows that it swims and a bird because she knows that it flies. Before she was admitted to the Special School, great difficulty was experienced in getting her to attend regularly and so very little progress was made. It is hoped that now she is receiving special attention and regular speech therapy she will progress more rapidly towards a more normal level of speech and language.

The second case is a girl aged 10 years, who is attending a junior school in the Borough. She is interesting because she bears out the latest theory of stammering, namely that it has an aphasic element. I gave her a similar test to that given to "stroke" patients. The result showed that in naming objects there is a definite disability, which is not so marked in connected speech as she is able to circumlocute to cover up the "lost" word. Others show this to a lesser degree, indicating that there is a basic difference in the cause of the stammer and bearing out the contention of dual causality in stammering—a psychological cause and a physical basis, linked with the predisposition to stammering.

One child summed up speech therapy in this way, "She learns yer to talk proper, not posh!"—which expresses quite simply my aim and object in treating these children."

- (j) **Delicate Pupils**— "that is to say, pupils not falling under any other category who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools."

West Malvern Open Air School provides accommodation for 14 delicate pupils each term. The Worcestershire County Council Education Committee is the local education authority responsible for this school. Admissions are on a three month basis but recommendations for a further term in some cases are made to Authorities at the end of term by the responsible medical officer at Malvern Open Air School.

Admissions during the year were as follows:

Subnormal nutrition and debility	24
Bronchitis and Asthma	8
Recurrent Chest Infections	10

In addition, throughout the year three children were attending the following residential schools for delicate children:—

Corley Open Air School, Coventry	....	....	....	1
The Children's Convalescent Home, Cheshire	....	....	....	2

One of these children was ascertained during the year as suffering from subnormal nutrition and debility and recurrent asthma.

Tuition in Hospital

50 Dudley children between the ages of 5 and 15 received some form of educational tuition in the Guest Hospital and various hospitals in other parts of the country in accordance with Section 56 of the Education Act, 1944. A teacher is employed by this Authority to visit the Dudley Guest Hospital for two hours on Mondays, Tuesdays, Thursdays and Fridays of each week.

Temporary Transport to and from School

During the year five children were transported to and from school for short periods for the following reasons:—

4 children with fractures resulting from street accidents.

1 child, following convalescence from rheumatism, to avoid undue exertion.

Conditions requiring Hospital Treatment or Investigations

The following is a summary of conditions requiring admission to hospital for treatment and/or investigations:—

Rheumatism, etc.

Rheumatic Fever	....	....	....	....	3
Rheumatic Heart Disease	....	....	....	....	1
Acute Rheumatism	....	....	....	....	4
					8

Chest Conditions

Pneumonia	....	....	....	....	5
Asthma	....	....	....	....	4
Bronchitis	....	....	....	....	3
Distressed Breathing	....	....	....	....	1
					13

Ear, Nose and Throat Conditions

T's and A's Operation	....	....	....	....	236
Nasal Obstruction	....	....	....	....	2
Post-nasal Catarrh	....	....	....	....	1
Sinusitis	....	....	....	....	1
Auditory Polyp	....	....	....	....	1
Mastoidectomy	....	....	....	....	2
Anthral washout	....	....	....	....	1
					244

Ophthalmic Conditions

Recession. Resection. advancements and needling. Chalazion	20
--	----

Accidents, Casualties, etc.

Fractures	12
Head Injuries	20
First and second degree burns ..	3
Multiple injuries	2
Abdominal injury	1
Chest injury	1
Leg injury	1
Lacerated hand	1
Foot injury	1
Pulled leg muscle	1
Removal of needle	1
Sutures	2
	—
	46

Orthopaedic Conditions

Osteomyelitis	4
Exostosis	1
Correction terminal toe joints	1
Lordosis	1
Hallux Rigidus	1
Menesectomy	1
Osteotomy	3
Attention to Plasters	9
Post-polio examinations	2
Manipulations	5
Exploration of knee	1
Orthopaedic investigation	1
Surgery right hip	1
Excision of Cysts	2
Excision of scar, left ankle	1
Wedge Osteotomy	1
Pressure sores	1
Excision of ganglia	1
Excision of nail bed	2
Arthrygryposis	1

Investigations (General)

Tachycardia	2
Constipation	3
Undescended Testicles	1
Torsion of Testicles	1
Hay Fever	1
Recurrent Headache	2
Albuminuria	3
Cough	6
Jaundice	1
Enuresis	2
Diabetic Acidosis	1
Bells Palsy	1
Tuberculous Meningitis	1
Adenitis	1
Hypo-adrenalism (Cushing's Syndrome)	1
Cardiac	5
Recurrent abdominal pain	1
Ulcerative Colitis	1
Facial tic	1
Gross Obesity	1
Migraine	2
Spina Bifida	1
Laryngeal Stridor	1
Epilepsy	1
Tongue Tie	1
Swollen Testicles	1
Hydrocele	4
Infective Hepatitis	2
Acute Nephritis	1
Pyelonephritis	1
Sphincter paralysis following meningo myelocoele	1
Bat ears	1
Hyperaesthesia	1

54

Surgical Treatment

Circumcision	6
Appendicitis	25
Right and left inguinal hernias	9
Warts	10
Dental extraction	1
Neck Abscess	1
Birthmark surgery	1
Skin graft	1
Orchidopexy	1

55

Employment of School Children

1,122 children were examined as school leavers and forms Y.9 or Y.10 were completed and sent to the Youth Employment Officer indicating the types of work for which the examining medical officer considered any child to be unsuited.

It was considered necessary to exclude 90 children from one or more of the following categories of work:—

No. of Children excluded	1. Heavy manual work	2. Sedentary work	3. Indoor work	4. Prolonged standing, etc.	5. Exposure to bad weather	6. Wide changes in temperature	7. Work in damp atmosphere	8. Work in dusty atmosphere	9. Much stooping	10. Work near moving machinery or moving vehicles	11. Work at heights	12. Normally acute vision	13. Normal colour vision	14. Normal use of hands	15. Handling or preparation of food	16. Work requiring freedom from damp hands or skin defects	17. Normal hearing
61																	
2	+									+	+						
1											+						
3				+													
2					+	+	+										
1	+			+	+	+	+	+				+					
1	+			+													
2					+	+	+	+									
3	+																
1	+			+	+	+	+	+	+		+						
1						+	+	+									
1						+				+	+						
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1																	
1								+									
1																+	
2					+	+					+						
1	+			+	+						+						
1										+	+	+					
2							+	+									
1						+	+	+									

90 TOTAL CHILDREN

In addition children are also examined in accordance with the Bye-Laws made under the Children and Young Persons Act, 1933 as amended by the Education Act, 1944, to undertake employment outside school hours. The number examined during the year was 73.

The occupations were as follows:—

Newspaper Delivery	....	....	36
Shop Assistants	....	....	33
Bread and Milk Delivery	....		4
			<hr/> 73 <hr/>

The generally satisfactory standard of fitness among Dudley school children is illustrated by the fact that only very rarely is a certificate of physical fitness refused. In no case was such a certificate refused during the year under review.

A licence was issued to one girl attending Grammar School to enable her to take part in entertainment at the Dudley Hippodrome. The child resided at home and attended normal school. Leave of absence from school was granted for the period of rehearsals and matinee performances.

Astley Burf Camp

As in previous years 60 pupils went to this camp each week from Monday to Friday throughout the summer months. They are accompanied by teachers and their classes are held in the open air.

The camp, which is under the control of the Education Committee, is situated in open country not far from the River Severn near Stourport.

All children are medically examined at the school clinics before going to the camp school.

The curriculum allows the children attending the camp school to take full advantage of the surrounding countryside and they are taken on visits to places of local interest. Special recreational activities are arranged in the evening by the teachers in charge of the parties.

Rotary Boys' House, Weston-Super-Mare

We are once again indebted to the Dudley Rotary Club for providing a free fortnight's holiday for 18 boys at Weston-Super-Mare.

The boys selected are convalescent or debilitated children, or children whose parents would not be able to provide them with a recuperative holiday by the sea.

Deaths of School Children

Six deaths occurred in Dudley children attending schools maintained by the Education Authority. The following are brief details.

Case 1. A girl aged 9 years.

Cause of death:

- (a) Sub-arachnoid haemorrhage.
- (b) Rupture of Berry aneurysm.

Case 2. A boy aged 14 years.

Cause of death:

- (a) Congestive cardiac failure.
- (b) Rheumatic Heart Disease.
- (c) Atrial septal defect.

Case 3. A girl aged 5 years.

Cause of death:

"Shock due to multiple injuries including fracture of right lower jaw and ruptured liver caused by road accident. Accidental death recorded."

Case 4. A girl aged 12 years.

Cause of death:

- (a) Terminal acute bronchopneumonia.
- (b) Congenital malformation of heart (sub-valvular pulmonary stenosis).

This girl was known to the School Health Service from infancy and was ascertained Educationally Subnormal/High-grade Mongol, and at the time of her death was a pupil in a residential school for educationally subnormal pupils.

Case 5. A girl aged 10 years.

Cause of death:

Tuberculous meningitis.

Case 6. A boy aged 13 years.

Cause of death:

Encephalitis

This boy was known to the School Health Service and had suffered throughout most of his childhood from Bronchial Asthma.

Medical Examination of Teachers and Entrants to Courses of Training for Teachers

The examination of candidates applying for admission to training colleges is the responsibility of the Principal School Medical Officer and he is assisted by the medical officers of the Department in these examinations. During the year 27 candidates were examined and a medical report completed in each case and forwarded with Form 4 RTC to the appropriate college authority. Each candidate agreed to X-ray examination and it was possible to pass all as fit for admission to a course of training.

Entrants to the teaching profession completing an approved course of training continue to be examined by the college doctor but in other cases the medical examination is arranged by the Principal School Medical Officer of the appointing Authority. These examinations require the completion and forwarding of Form 28RQ together with a medical report to the Ministry of Education and an X-ray examination is compulsory. During the year 24 medical reports were completed and no candidate was unsuccessful in passing the medical and X-ray examinations.

**ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH
INSPECTOR AND CLEANSING SUPERINTENDENT FOR
THE YEAR ENDED 31st DECEMBER, 1962**

The Mayor, Aldermen and Councillors
of the County Borough of Dudley

Mr. Mayor, Ladies and Gentlemen,

I am conscious of the shortcomings of this report. Having said this I must qualify the statement, because it must not be thought that the shortcomings are due to any lack of effort or of will from any member of the staff. One reason is the increased volume of work to be done. Mention is made of additional legislation which brings additional responsibility. Perhaps the most significant this year is the problem of houses in multi-occupation. The second main reason is the shortage of inspectorial staff. There are two vacancies for inspectors and these vacancies have existed for the whole of the year, and even beyond that. If the work is not to suffer too much it is essential that a full establishment of staff be provided.

The two pupil inspectors are to be congratulated on their success in passing the intermediate examination of the Education Board. The course of study for the new Diploma Examination is of four years' duration and the final examination will be the equivalent of two previous examinations, namely the statutory qualification for a public health inspector, plus the qualification as a meat inspector.

Although I have mentioned shortcomings, I am sure, having regard to the staff shortage, the quality and volume of work done reflects great credit upon all staff members. To them my thanks are due, and especially to Mr. W. H. Bowman.

The Chairman and members of Health Committee have, as always, given full support at all times, and I wish to record my appreciation also for the co-operation so readily given by other officials, especially Dr. Reynolds.

I am,

Ladies and Gentlemen,

Yours obediently,

W. PARKER.

*Chief Public Health Inspector and
Cleansing Superintendent.*

INSPECTION OF FOOD, SAMPLING OF AND SUPERVISION OF FOOD PREMISES

In this section of the report an attempt is made to show what is being done in relation to food on sale to the population and to the premises where it is either processed or sold to the public. The first point of emphasis I must make is inadequacy of visits because of shortage of staff. There are over 800 food premises in the borough, and it has only been possible to make 398 visits during the year. This is far from satisfactory, and I hope it will not be long before a decision is taken to fill the staff vacancies which have existed for too long.

One aspect of food supervision which has received full attention in spite of staff shortage is that of meat inspection. The tables of figures showing number of animals slaughtered and the amount of meat condemned give little idea to the layman of the amount of concentrated attention which this work requires. There are three slaughterhouses in the borough and this in itself, makes for time wastage. The periods of slaughter are also staggered, and when one considers the annual throughput of animals, some idea of the task can be imagined. As will be seen, the total number of animals inspected was 25,439. This is approximately 20% more than last year.

Quite a proportion of this section of the report is devoted to food sampling. In previous years I have drawn attention to the importance of food labelling, and I make no apology for doing so again. Many products are sold by their label and therefore it becomes increasingly more important to have a system of selective sampling. Perhaps one can describe food offences today as offences of omission in the sense that labels often claim the food to have what is not present rather than the position as it used to be when food was adulterated by the addition of ingredients which should not have been there. One hears today the term "consumer protection" as though it was a new idea. Public Health inspectors have been actively engaged in protecting the consumer of foodstuffs for decades, and will continue so to do.

There can be no complacency when adverse reports on food samples occurred in 22% of the total submitted. Whilst the large percentage of adverse reports can be said to be largely due to intelligent sampling, it is nevertheless disturbing to find the situation as bad as this.

Legal proceedings were taken in respect of only one type of product and it is probably the first case of its kind. In this case various "chocolate" covered products were concerned, because it was reported by the Public Analyst that the "chocolate" covering was, in fact, not chocolate.

INSPECTION OF MEAT

The following tables give particulars of carcasses and organs unfit for consumption and tabulate causes for condemnation.

Carcasses inspected and condemned

	<i>Cattle</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed	1362	169	12	10,437	13,459
Number inspected	1362	169	12	10,437	13,459
All diseases except Tuberculosis and Cysticerci—					
Whole carcasses condemned	Nil	3	Nil	17	26
Carcasses of which some part or organ was condemned	163	59	Nil	864	2,646
% of the number inspected affected with disease other than tuberculosis and cysticerci	11.96%	36.7%	Nil	8.52%	19.85%
Tuberculosis only—					
Whole carcasses condemned	Nil	Nil	Nil	Nil	Nil
Carcasses of which some part or organ was condemned	Nil	Nil	Nil	Nil	287
% of the number inspected affected with tuberculosis	Nil	Nil	Nil	Nil	1.76%
Cysticercosis —					
Carcasses of which some part or organ was condemned	7	Nil	Nil	Nil	Nil
Carcasses submitted to treatment by refrigeration	6	Nil	Nil	Nil	Nil
Generalised and totally condemned	Nil	Nil	Nil	Nil	Nil

Meat condemned

	<i>Cows</i>	<i>Cattle</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Total</i>
Livers	44	113	—	481	900	1538
Lungs	5	4	—	128	1895	2032
Heads	2	12	—	—	231	245
Kidneys	—	—	—	—	36	36
Hearts	—	—	—	10	161	171
Hocks	—	—	—	—	5	5
Spleens	1	1	—	—	5	7
Collars	—	—	—	—	3	3
Udders	5	—	—	—	—	5
Stomachs and Intestines	5	—	—	—	12	17
Legs	—	—	—	—	5	5
Feet	—	—	—	2	3	5
Skirts	3	1	—	—	—	4
Part Carcasses	1	5	—	—	14	20

Diseases

	<i>Cows lbs.</i>	<i>Cattle lbs.</i>	<i>Sheep lbs.</i>	<i>Pigs lbs.</i>	<i>Total lbs.</i>
Tuberculosis	—	—	—	2350	2350
Parasites	—	14	591	90	695
Pericarditis	—	—	5	88	93
Abscesses	125	320	8	140	593
Pleurisy and Peritonitis	29	12	61	2307	2409
Moribund	—	—	40	—	40
Cysts	52	327	65	—	444
Pneumonia	—	—	—	1883	1883
Bruising	—	30	12	153	195
Cirrhosis	—	16	8	2	26
Hydronephrosis	—	—	—	32	32
Distomatosis	250	750	169	—	1169
Actinomycosis	25	135	—	—	160
Oedema	—	—	88	—	88
Emaciation	—	—	255	28	283
Arthritis	—	—	—	16	16
Lymphatic Leukaemia	—	—	29	—	29
C. Bovis	—	106	—	—	106
Septicæmia	—	—	—	680	680
Telangiectasis	168	69	—	—	237
Injury	—	—	—	170	170
Enteritis	—	—	—	80	80
Necrosis	—	30	—	1	31
Mastitis	556	—	—	—	556
Haemorrhage	—	—	—	2	2
Milk Spot	—	—	—	950	950
Pyæmia	580	—	—	—	580
Rupture	—	—	—	2	2
Fever	—	—	—	60	60
Erysipelas	—	—	—	100	100

Total weight of meat condemned:

6 tons, 5 cwts, 4 stones, 3 lbs.

Visits to slaughterhouses

750

INSPECTION OF OTHER FOODS

During the year the District Inspectors have made 201 visits to food premises for the purpose of food inspection, other than meat inspection.

	<i>Total</i>		<i>Total</i>
Apriect Pulp	3	Lard (pkts.) ...	14
Baked Beans (tins)	54	Meat (pkts.)	4
Beetroot (jars)	10	Meat (lbs.)	78
Biearbonate of Soda (pkt.)	1	Meat (tins)	537
Bisto (pkts.)	2	Milk Puddings (tins)	62
Bitter Lemon (tins)	6	Ovaltine (tin)	1
Bread (cartons)	2	Peanut Butter (jar) ...	1
Butter (lbs.)	11	Pickles (jars)	6
Cake Mix (pkts.) ...	12	Potato Crisps (pkts.)	14
Cereals (pkts.)	19	Prunes (boxes)	30
Cheese (lbs.) ...	91	Puff Pastry (pkt.)	1
Cheese Spread (box)	1	Raisins (lbs.)	60
Chickens	6	Ready Dinners	7
Chicken Joints	4	Rusks (cartons)	3
Chicken (tins)	16	Sage and Onion Stuffing	
Cocopops (pkt.)	1	(pkt.)	1
Coco Cola (tins)	4	Sauce (bottle)	1
Cream (tins)	24	Sausage (lbs.) ...	18
Croquettes	3	Sausage (tins)	3
Dates (pkts.) ...	3	Soup (pkts.)	1
Dripping (pkts.)	6	Soup (tins) ...	117
Evaporated Milk (tins)	166	Spaghetti (tins)	5
Fish (tins) ...	183	Steak and Kidney Pies	11
Fish (pkts.)	6	Steamed Pudding Mix (pkts.)	12
Fruit (tins)	1226	Sugar (lbs.) ...	95
Fruit (boxes) ..	30	Syrup (tins) ...	2
Fruit Juice (tins)	57	Tea (lbs.) ...	1
Honey (jar)	1	Tomatoes (tins)	390
Icing Sugar (pkts.) ...	2	Tomato Juice (tin) ...	1
Instant Whip (pkts.) ...	1	Vegetables (tins)	201
Jam (jars)	4	Vegetable Juices (tins) ...	2
Kippers (pkts.)	48	Vinegar (pint)	1

Disposal of Condemned Food

Meat offals and tinned goods are disposed of by incineration at Lister Road Depot.

Carcase meat, after staining, is sold to a firm of fertiliser manufacturers.

SUPERVISION OF FOOD PREMISES

The following visits were made to food establishments during the year:—

General Food Shops	....	....	....	....	....	72
Food Preparing premises subject to registration	....					135
Canteens	....	....	....	....	....	27
Restaurants	....	....	....	....	....	28
Fried Fish Premises	....	....	....	....	....	8
Butchers	...	....	....	....	....	23
Licensed Premises	....	....	....	....	....	32
Bakehouses	....	....	....	....	....	36
Food Vehicles and Stalls	....	....	....	....	....	30
Other Food Preparing Premises	....	....	....	....	....	7

As a result of these visits 43 premises which were found to be not of the standard required by the Food Hygiene General Regulations, 1960, were brought up to that standard.

Premises registered under Section 16 of the Food and Drugs Act, 1955

Premises registered for the preparation or manufacture of sausage	....	....	....	....	....	1
Premises registered for the preparation or manufacture of potted, pickled or preserved food	....	....				16*
Premises registered for the preparation or manufacture of sausages and potted, pickled or preserved food						8

* This figure includes 5 domestic premises registered under Section 16 of the Food and Drugs Act, 1955 for the preparation of onions.

240 premises are registered under Section 16(1) (b) and are classified as follows:—

Premises registered for the manufacture of ice cream	....	4
Premises registered for the sale and storage of ice cream		236

During the year 115 visits were made by Inspectors to registered ice cream premises for inspection purposes or the procuring of samples for bacteriological examination or for chemical analysis.

MILK AND DAIRIES (GENERAL) REGULATIONS, 1959

MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1960

Milk supplies in Dudley come from seven processing dairies all situated outside Dudley. Four dairies remain on the dairies register but these are dairies merely by reason of the fact that milk is stored on the premises awaiting distribution to consumers.

It has not been found necessary to take any action under the Milk and Dairies (General) Regulations, 1959.

All samples of designated milk taken during the year satisfied the prescribed tests. Full details are given in the table below.

Seven visits were made to dairies during 1962.

Licences in force under the Milk (Special Designations) Regulations, 1960 were as follows:

	<i>Processors' Licences</i>	<i>Dealers' Licences</i>	<i>Supplementary Licences</i>
T.T. Pasteurised	—	12	—
Pasteurised	—	6	—
Sterilised	—	148	—

At the end of 1962 there were 153 milk distributors registered with the Local Authority.

The number of dairies registered under the Milk and Dairies Regulations at the end of 1962 was 4.

BACTERIOLOGICAL EXAMINATION OF MILK

<i>Designation</i>	<i>Total Number of samples taken</i>	<i>Methylene Blue Tests</i>		<i>Phosphatase Tests</i>		<i>Turbidity Tests</i>	
		<i>Satis- factory</i>	<i>Unsatis- factory</i>	<i>Satis- factory</i>	<i>Unsatis- factory</i>	<i>Satis- factory</i>	<i>Unsatis- factory</i>
T.T. Pasteurised	34	34	—	34	—	—	—
T.T. Pasteurised (Channel Isles)	5	5	—	5	—	—	—
Pasteurised	12	12	—	12	—	—	—
Pasteurised (Channel Isles)	4	4	—	4	—	—	—
Sterilised	11	—	—	—	—	11	—
Totals	66	55	—	55	—	11	—

FOOD AND DRUGS ACT, 1955**FOOD HYGIENE (GENERAL) REGULATIONS, 1960**

Progress in this field has been seriously restricted this year due to the demands of other departmental duties, and to the fact that only one inspector is now engaged in supervision of food premises, plus food and drug sampling duties.

The fact that premises are no longer being regularly and frequently inspected means that each inspection is lengthy, involving the type of spade work which, by this stage, after seven years of hygiene regulations, should not be necessary. There is, as yet, little sign that occupiers of food premises are prepared to obey regulations implicitly and many ignore them completely until brought to task by a visit from an inspector.

There is still a failure on the part of occupiers to maintain their premises at the level required by the regulations and so the time of inspectors is largely taken up by this aspect of the work. So much so, that very little time, if any, is available for talks to food handlers and, perhaps more important, the examination in detail of the actual food handling techniques. These latter points are equally as important as ensuring that premises are structurally fit and that internal surfaces and equipment are clean.

SAMPLING FOR CHEMICAL ANALYSIS

During the year 9 formal and 128 informal samples were taken and adverse reports were made on 30. Details of action taken are given below:—

<i>Name of Article</i>	<i>Result of Analysis</i>	<i>Remarks and action taken</i>
Slim Bread	No justification for reference to slimming	Label amended
Crispbread	No justification for reference to slimming	Label amended
Casserole Steak	Unsatisfactory label. Should be described as "Casserole Steak in Gravy"	Label amended
Separate Milk and Vegetable Fat	Statement on label—"skimmed milk solids 3.6%". Incorrect and unsatisfactory advertisement	Label and wording of advertisement amended
Diabise Biscuits	Reference to slimming and starch reduction unjustified	Label amended
Food supplement	General claim for minerals, but no quantities stated contrary to Labelling of Food Order	Label amended
Chocolate Sandwich	Chocolate portion made from fat other than cocoa butter	Follow up samples not taken pending action on other chocolate products
Chocolate Brittle } Chocolate Toffee } Chocolate Nougat }	Chocolate coating made from fat having characteristics of palm kernel oil or coconut oil product	Formal sample taken Formal sample taken Formal sample taken
Chocolate Eclairs } Chocolate Eclairs }	Chocolate covering made from fat other than cocoa butter	Follow up action not taken pending action on other chocolate products
Milk Chocolate	Made from fat other than cocoa butter and skimmed milk powder	Formal sample taken
Chocolate Drops	Made from fat other than cocoa butter	Formal sample taken
Bread	Contaminated with small portion of dirty dough	Warning given to Manufacturer

<i>Name of Article</i>	<i>Result of Analysis</i>	<i>Remarks and action taken</i>
Chocolate Nougat	Chocolate portion made from fat other than cocoa butter	Presented under Section 2 of the Food and Drugs Act 1955. Manufacturers, Wholesalers and retailer fined £5 each on each charge plus costs of £6 10s. 0d.
Chocolate Nut Brittles	Chocolate portion made from fat other than cocoa butter	
Milk Chocolate Logs	Made from fat other than cocoa butter and skimmed milk solids	
Chocolate Drops	Made from fat other than cocoa butter	
Chocolate Creamy Toffee	Chocolate portion made from fat other than cocoa butter and toffee portion 90% deficient in butter fat	Proceedings not taken. Unable to comply with requirements of Section 108 (1)(a)(ii) of Food and Drugs Act, 1955
Candied Peel	Unsatisfactory label. Pre-packed food should bear list of ingredients, <i>i.e.</i> lemon peel, orange peel, sugar, salt	Label amended by Packers
Frozen Fish Cake	Contained foreign matter consisting of plant material	Manufacturers' explanation accepted
Fruit Salad	Unsatisfactory label. Ingredients not listed in the correct order	Fruit canned in U.K. No need for ingredients to be declared. Ingredients deleted from amended label
Hovis Flour	Contaminated with mites	Formal sample proved to be genuine
Milk Chocolate Marshmallows	Chocolate portion contained not more than 8% whole milk solids	Formal sample taken
Milk Chocolate Marshmallows	Chocolate portion contained not more than 7.5% whole milk solids	Warning letter sent to Manufacturers
Milk Chocolate Wholemeal Biscuits	Chocolate portion contained not more than 6% whole milk solids	Formal sample taken
Milk Chocolate Wholemeal Biscuits	Chocolate portion contained not more than 6% whole milk solids	Warning letter sent to Manufacturers
Table Salt	Declaration of Iodide does not comply with the Labelling of Food Order	Warning letter sent to Packers
Vienna Sausages	Slightly low in meat content	Sausages canned in South Africa. Cannery approached by Importers with a view to increasing meat content to 65%

The actual samples taken during the year were as follows:—

<i>Commodity</i>	<i>In- formal</i>	<i>For- mal</i>	<i>Commodity</i>	<i>In- formal</i>	<i>For- mal</i>
American Hard Gum	1	—	Halibut Liver Oil Cap-		
Apricot Pulp	2	—	sules BP	1	—
Baby Rice	1	—	Home Bread Mix	1	—
Biscuits	6	—	Ice Cream	7	—
Blackcurrant Vitamin			Instant Coffee	1	—
C Health Drink	1	—	Jam	1	—
Bread	1	—	Liver Pills	1	—
Cake Flour	2	—	Malt and Vegetable Fat		
Candied Peel	1	—	(separated)	1	—
Casserole Steak	1	—	Marshmallows	1	1
Chicken Fillets	1	—	Minced Beef	1	—
Chocolates	24	5	Minced Chicken in Jelly	1	—
Chocolate Sandwich	1	—	Nerve and Brain Tonic	1	—
Chopped Pork	1	—	Non-brewed Con-		
Chopped Roast Turkey			diment	1	—
in Jelly	1	—	Nutramin K Food Sup-		
Coffee and Chicory			plement	1	—
Essence	1	—	Oatmeal	1	—
Corn Oil	1	—	Pickles	3	—
Cream	1	—	Pork Lancheon Meat	1	—
Dried Baking Yeast	1	—	Preservine Crystals	1	—
Dried Herbs	4	—	Red Cherries in Syrup	1	—
Essence of Rennet	1	—	Salmon and Shrimp		
Evaporated Milk	1	—	Fish Paste	—	1
Evaporated Milk Sub-			Slim Bread	5	—
stitute	1	—	Sterilised Milk	1	—
Fish Cake	1	—	Stewed Steak	1	—
Flour	26	—	Swell High Yield Peas	1	—
Fruit Salad in Heavy			Table Salt	1	—
Syrup	1	—	Tarta Toasties	2	—
Full Cream Condensed			Vita Wheat	1	—
Milk	1	—	V8 Vegetable Juice	1	—
Glace Cherries	1	—	Yorkshire Pudding and		
Glucose D	1	—	Pancake Mixture	1	—
Ground Almonds	1	—	Vienna Sausage	1	—

ICE CREAM AND ICED LOLLIPOPS

During 1962 a total of 66 samples of ice cream from four Dudley producers and 9 producers situated outside were submitted for bacteriological examination. The results are set out in the table below.

ICE CREAM

Analysis of results of Provisional Grading Tests.

<i>Where produced</i>	<i>No. of samples taken</i>	<i>Grade 1</i>	<i>Grade 2</i>	<i>Grade 3</i>	<i>Grade 4</i>
In Dudley	34	32	1	1	—
Outside Dudley ...	32	31	1	—	—
Totals ...	66	63	2	1	—

The only unsatisfactory result, a Grade 3 ice cream produced in Dudley was obtained from an ice cream sales vehicle after ice cream had been served for some time. The ice cream was produced by a Dudley producer whose grading results both before and after the sample in question, were Grade 1, and indicated failure to take care of serving utensils and change as often as necessary the sterilant solution needed for rinsing them. Fifteen of the samples taken were from soft ice cream serving units either on vehicles or at static sites. All samples gave Grade 1 results.

During 1962 there was a further increase in the sale of soft ice cream from vehicles, and whilst there is no indication yet of adverse grading results, exercised control and supervision of this type of ice cream production is called for in view of the rather more complex handling of this product. There has been a trend by vehicle operators towards the use of a mix produced by manufacturers. This is an ageing mix in polythene containers and necessitates storage on the vehicle at a temperature less than 45°F until the commencement of the freezing process. In some cases only one vehicle is operated and registered premises with cold store facilities are not necessarily available. The operation of this cold storage cabinet for ice cream mix on such vehicles is dependent upon the generator functioning, and whilst no evidence is available in support of this assumption there is a possibility that from time to time mix may be stored in excess of 45°F when operators shut down generators for rest periods. Likewise there is a risk of the temperature being in excess of 45°F in the mix tank for the same reason. Even when the freezer is operating it has been found that the temperature of mix in the mix tank is in excess of 45°F. There is still much research work to be done in this field, but there is sufficient evidence forthcoming to warrant continued vigilance and investigation on the part of public health officers.

Eighteen samples of ice lollies from two manufacturers in Dudley and five outside Dudley were submitted for bacteriological examination during the year and the table below summarises results obtained.

Table showing analysis of results of
Bacteriological Examination of Ice Lollipops

Where produced	No. of samples taken	Colony count per ml. of lollie after 48 hrs. at 37°C				Provisional Grading				B.Coli type 1 in lollie	
		Nil	0- 10	10- 50	50- 100	1	2	3	4	Absent	Present
In Dudley	10	—	3	—	—	6	—	—	—	10(a)	—
Outside Dudley	8	—	1	1	1	1	—	—	—	8(b)	—
Totals	18	—	4	1	1	7	—	—	—	18	—

(a) One sample was only submitted to the coliform test.

(b) Four samples were only submitted to the coliform test.

Three samples of ice cream produced in Dudley were submitted for analysis and were found to comply with the requirements of the Food Standards (Ice Cream) Regulations, 1959. Four ice lollies were also submitted to the Public Analyst who reported that these were genuine and free from metallic contamination.

COMPLAINTS RE UNFIT OR CONTAMINATED FOOD

During the year a total of 26 visits were made to premises in connection with complaints received in this category. It was not found necessary to institute proceedings in respect of any of the complaints received. Warning letters were sent in each case.

The number of complaints has not increased over the previous year, and this is a good indication that food manufacturers are striving for wholesome products, free from contamination. Each year there is a significant increase in the amount of canned, frozen or packeted foodstuffs consumed in this country as the eating habits of the inhabitants tend to favour the ready-to-serve dishes requiring a minimum of preparation. With more complex foodstuffs requiring involved processes the risk of introduction of extraneous matter is proportionately increased. There can be little excuse for manufacturers failing to take advantage of modern electronic equipment designed to detect metallic objects. Equipment is now available which is capable of detecting foreign bodies in canned foodstuffs. This fills a much needed want in the food canning industry.

Details of investigations of some of the complaints are given in this section of the report.

A box of chocolate roasted nut clusters sold by a Dudley trader in the area of an adjoining authority was found to be infested by larvae of the cocoa moth. The premises of the company who sold the commodity were visited and the remaining stock was examined. When it was found that frass, indicating moth larvae activity, was

visible beneath the outer cellophane wrapper of one of the boxes the retailer agreed to withdraw all existing stocks.

It appeared that this product had been supplied through factors some three months previously. The factors in turn claimed that they received their supplies through other wholesalers. The Authority in whose area the manufacturers premises were situated was approached, but the company had ceased production at that address in November, 1960.

The type of wrapper was such that infestation during storage was precluded, and in the case of the box where frass was seen between box and wrapper there was no evidence of penetration of the wrapper. The retailer would have been able to provide a defence under Section 8(3)(b) of the Food and Drugs Act, 1955, had proceedings been instituted in this case, and investigation had not revealed who had been responsible for the prolonged holding of the stock. Initially the product must have been infested at its source, and prolonged storage allowed the activity of the larvae to become evident.

Each year the large cocoa and chocolate manufacturers spend considerable sums in attempting to find the answer to invasion of their products by this insect, but as yet the problem remains unsolved, and each year a small proportion of chocolate consumers are horrified to find a live grub actively engaged beneath two or three layers of protective wrapping material.

An American hard gum purchased in a Dudley shop was found to contain a wood screw $\frac{5}{8}$ " long, and there was no doubt that the screw had been cooked in the gum. The retailer of this gum received supplies from three sources and the first problem which confronted the Department was to find out which supplier was involved in this incident. Comparison of the gum in question with samples from all suppliers showed that this was most likely supplied from a manufacturer in the Midland area.

The company concerned were most co-operative and in order to confirm suspicions as to the source, allowed the department to submit samples of their ingredients and finished products to the Public Analyst. The Public Analyst reported that the gum in question contained colours with the characteristics of Orange RN and Yellow 2G and that the colouring material submitted by the firm had the same characteristics. Samples of gum manufactured by the other suppliers did not have the same colour characteristics.

Investigation of the method of manufacture did not reveal the source of the screw. The presence of a wood screw in the outlet nozzle of the depositing machine would either have made the operation of the machine extremely noisy and would also have ruined the outlet nozzles, had the screw gained access in an earlier stage of manufacture. This was an unlikely possibility as the heated ingredients were sieved prior to the mixture being transferred to the depositing machine. After depositing, the screw may have fallen onto the topmost tray of moulded sweets from a point above the trays, but this did not appear to be a likely explanation. The trays used for the deposited sweets were screwed at their corners, but

screws were of a different size to the one in the gum. On the whole the company appeared to be taking adequate precautions to guard against the entry of foreign bodies. It was, however, suggested that electrical metal detectors would help to avoid a recurrence of this type of complaint.

An individual fruit pie manufactured in a large factory bakehouse in the London area was found to contain a $1\frac{1}{4}$ " box nail. The nail, it was alleged, was in the filling of the pie and its appearance suggested that it had been in contact with acid fruit for some time. The company concerned reported that the fruit was supplied to them already strigged and sorted, in cardboard and polythene containers and stored in a cold store until required. Following a further sorting process incorporating passing the fruit near to a permanent magnet for the removal of iron objects, pies were filled with the fruit. No straining or sieving of the fruit took place, as this was precluded by reason of the type of whole fruit filling. There was, however, a further precaution at the end of the production line where electronic detectors were operated in conjunction with an air blast for rejecting the offending cartons.

Complaint was received that a pineapple luxury cake sold in a Dudley chain store was affected by mould growth. The wrapper containing the cake had not been removed by the purchaser as the evidence was readily perceptible through the wrapper. The store manager stated that the cake had been delivered six days previous to purchase and that the whole of the unsold stock received on that day would be withdrawn at the end of the day that the sale took place, as by that time the estimated keeping life of the commodity would have expired. The manufacturers could only offer the explanation that there had been a temporary change-over to a different type of oven, and there may have been a higher moisture content in the finished product.

A packet of rusks sold to a housewife in a Dudley grocer's shop was found to harbour a number of insects later identified as *Ptinus Tectus*, an insect pest of stored food products. The shop from which this packet was sold was visited and inspected and evidence of insect activity was found in the vicinity of the place of storage of these products. Hygiene at this shop was not good and immediate improvement was called for by the visiting inspectors. Subsequently the portion of the premises involved was treated with a suitable insecticide and the infestation eliminated.

Two tins of blackberries in syrup canned in Holland were reported to contain a piece of bramble stalk and an earwig. The complaint was taken up with the packers through the importing company, and they were extremely apologetic about the incident. Apparently it is the practice to receive soft fruit already strigged from the growers, but as an additional precaution all fruit is further examined by female labour on the production line.

A frozen fish cake purchased in Dudley contained a small piece of woody material which in all probability originated from the filleting boards in the section of the factory where the fish is prepared for manufacture to fish cakes.

IMITATION CREAM

Samples of imitation cream from cakes produced in Dudley were submitted for bacteriological examination by a neighbouring authority who referred the report of the Public Health Laboratory Service to me. This report was as follows:

<i>Colony count at 37°C</i>	<i>Coliforms</i>		<i>Remarks</i>
	<i>Faecal</i>	<i>Non-faecal</i>	
90,000 organisms per gram	—	Present in 0.1 gram	—
30,000 organisms per gram	Present in 0.1 gram	—	Coagulase positive staphylococci isolated on enrichment culture.

Following receipt of this unsatisfactory report, the bakery was visited and the company's directors were interviewed and the problem discussed. As a result of this discussion the following steps were taken:

- (a) All personnel handling imitation cream and products after "creaming" were given an immediate "pep" talk on hand washing and general food hygiene.
- (b) The bakery reverted immediately to paper towels which had been abandoned after an experimental period when it was found that their use created a litter problem.
- (c) All personnel engaged in handling imitation cream were instructed to use bactericidal hand cream after hand washing in an endeavour to minimise the risk of hand contamination of the product.
- (d) All piping bags when not in use were kept in a sterilant solution. This had always been the practice, but the strength of the solution was doubled.

A week after putting the above code into practice the imitation cream at the bakery was again tested. The results were as follows:

	<i>No. of colonies per 1 ml. of imitation cream after 48 hrs. at 37°C</i>	<i>No. of B. Coli Type 1 per ml. of "cream"</i>
Imitation cream from newly opened container in which supplied to bakery	300	Nil
Imitation cream from mixing bowl after mixing for use	200	Nil
Imitation cream from piping bag in use	200	Nil
Imitation cream from "cream" horn awaiting despatch	100	Nil

Subsequently further following up samples by the neighbouring authority produced another satisfactory result. The imitation cream in a "Bunsplit" was reported as containing faecal coli. Again samples taken at the bakery proved to be satisfactory. The results were as follows:

	<i>No. of colonies per 1 ml. of imitation cream after 48 hrs. at 37°C</i>	<i>No. of B. Coli Type 1 per ml. of "cream"</i>
Imitation cream from mixing bowl	300	Nil
Imitation cream from piping bag in use	350	Nil
Imitation cream from piping bag in use	600	Nil
Imitation cream from bun split (a)	150	Nil
Imitation cream from bun split (b)	100	Nil
Imitation cream from "cream" horn	500	Nil

The cakes were sampled at branch shops of the company.

Later in the year a bakery began producing imitation cream in Dudley for its own use. A separate room was set aside and equipped with a mixing tank, batch pasteuriser, homogeniser, cooler (water cooled and refrigerated sections), all constructed in stainless steel. The equipment is of a very high hygienic standard fitted in a room which has been specially converted for the purpose and where no expense has been spared to ensure a correspondingly high constructional standard. Equipment and hand washing facilities are provided and steam is available in the room which is used in conjunction with detergents and chemical sterilants for the cleaning and sterilisation of plant.

During trial runs on the plant at the end of the year samples of imitation cream were taken from two churns after these had been filled with cooled mix. The results were as follows:

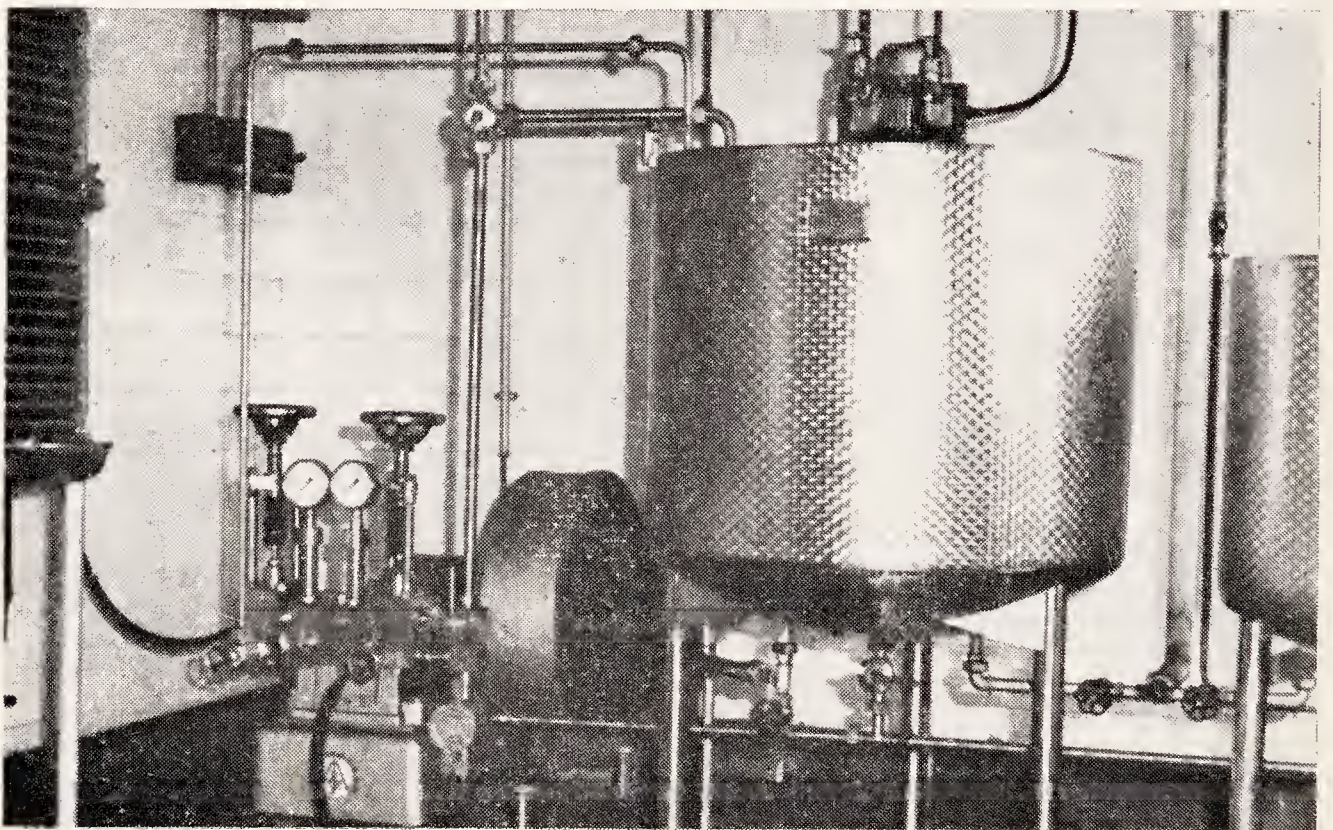
	<i>No. of colonies per 1 ml. of imitation cream after 48 hrs. at 37°C</i>	<i>No. of B. Coli Type 1 per ml. of "cream"</i>
Imitation cream from churn No. 1	6000	Nil
Imitation cream from churn No. 2	150	Nil

Undoubtedly there are many ways in which a cake containing imitation cream can become contaminated between the time when the cream is first made and the time when the cake is finally consumed. The results tabulated in this section of the report do indicate a satisfactory bacteriological condition in the initial stages of handling, but this produce is a non-refrigerated one which is a rich medium for bacterial growth, and slight contamination early in its life, whether this be in bakery, en route to shops or consumers, or whilst exposed for sale, can result in astronomical bacteriological counts at a later stage in its life. It is customary in all "creamed" goods to supply the purchaser with a large helping of imitation

cream which exudes from sides and top of such products, thereby presenting a comparatively large surface area receptive to contamination, and this I feel is yet another factor contributing to the tendency to unsatisfactory bacteriological conditions at the purchaser stage.

Attention has been drawn over the past few years to imported frozen whole egg and coconut as being suspect foods as far as bakeries are concerned. It is therefore imperative that there should be a general awareness in the confectionery bakery trade of the risks involved. Whilst these two products can be used in baking processes which will render them harmless, cross infection of utensils used for non-baked foods, and particularly imitation cream must be guarded against at all times. The use of some form of sterilisation process following cleaning of such utensils is essential.

IMITATION CREAM PROCESSING PLANT



The photograph shows on the right the fat melting tank adjoining the pasteurising tank. Both vessels are steam jacketed. From the homogeniser shown to the left of the pasteuriser the imitation cream is fed to the head of the cooler which has water cooled and refrigerated sections capable of cooling the pasteurised and homogenised product to a temperature of 40°F. The cooled imitation cream is run off to the aluminium churns which are transferred to cold store. The whole of the equipment is constructed in stainless steel and is capable of handling 100 gallons per hour.

Steam points are conveniently situated in the processing room and a churn steam sterilising point is also installed.

The construction of the internal surfaces of the room are as follows: The ceiling is constructed of matt finish laminated plastic sheets fixed by means of patent plastic fixing strips. Walls are tiled to ceiling level with a matt finish white glazed tile. The floor is constructed of red Ruabon tiles and the coved junctions to walls is achieved by using a matching coved skirting tile.

HOUSING

A perusal of the table of housing progress might give the impression that not so much work as usual has been put into the clearance of the slums. Quite the opposite has been the case. It will be seen that only 137 houses were confirmed for demolition during the period of twelve months. During the same period Orders were made for the Eve Hill Areas, comprising 196 houses, but these Orders were unconfirmed at the end of the year. Representations were made also in respect of the Simms Lane (1-5) Areas, but as yet no Order has been made.

The delays which are occurring between the date of representation of Areas, and the date of the making of Orders is causing much additional work in the department. In respect of the Eve Hill Areas, already mentioned, there was a delay of eighteen months between representation and Order, and a somewhat similar situation is developing with the Simms Lane Areas. Such delays necessitate the re-service of notices in respect of ownership, and this involves both time and expense. There has also to be a re-inspection of houses which again involves staff time.

There is a further difficulty, in that, having initiated action towards demolition, it becomes virtually impossible to persuade owners to spend money on repairs. Thus a bad house becomes even worse.

Two photographs are included in this report to illustrate the type of houses which still remain in too large a number at the present time. One shows a typical scene in a common yard, where, in this affluent age of modern science, one sees the wash-houses and a common outside stand-tap for water supply. Such provision is the only provision for houses of this type. Here there is no forgetting of wash-day, and certainly none of the convenience of running hot water at the turn of a tap.

These photographs are of houses which have not, as yet, been represented, and it therefore follows that they will remain in occupation for at least another four years.



RENT ACT, 1956

No. of applications for certificates of disrepair	1
No. of notices of intention to issue a certificate served	1
Certificates of Disrepair issued	Nil
Certificates of Disrepair cancelled	Nil

REHOUSING

The following table of available lettings has been provided by the Housing Manager:—

Available lettings during 1962

			<i>New</i>			<i>Re-lets</i>
Flats	...	...	75	Houses	post-war	53
Houses	...	...	Nil		pre-war	87
Bungalows	...	...	Nil	Flats	post-war	33
					pre-war	7
				Bungalows	post-war	3
					pre-war	1
				Pre-fabs	post-war	8
					pre-war	Nil
			<hr/> 75			<hr/> 192
Total	...	...				267

Mutual exchanges are not included.

The total number of visits made for housing purposes during the year was 4,355.

Table 1

Housing Progress from 1st July, 1945 to 31st December, 1962

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	Total
Demolition Orders made	—	15	20	34	110	57	10	41	118	43	52	36	100	55	19	27	58	36	831
Closing Orders made	—	—	—	1	1	3	—	3	—	4	5	2	8	11	3	3	8	5	57
Houses confirmed in Clearance Areas ..	—	—	63	102	—	—	—	—	429	—	—	111	599	41	21	160	376	96	1993
Houses demolished—Section 17 ..	18	34	19	34	30	88	57	57	46	71	35	42	120	93	34	18	56	57	909
Houses demolished—Clearance Areas ..	—	90	11	104	44	35	22	6	3	102	86	105	101	87	210	259	298	217	1780
Rehousing—Section 17	3	17	18	52	57	88	37	34	68	60	74	69	122	43	51	24	60	40	917
Rehousing—Slum clearance Areas ..	—	8	39	112	15	3	2	2	41	184	139	119	197	313	110	99	318	95	1796

Table II The following table shows the number of lettings to families from unfit houses compared with the total available lettings throughout the year.

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Families rehoused from houses affected by Demolition or Closing Orders	3	17	18	52	57	88	37	34	68	60	74	69	122	43	51	24	60	40
Families rehoused from Clearance Areas ..	—	8	39	112	15	3	2	2	41	184	139	119	197	313	110	99	318	95
Total	3	25	57	164	72	91	39	36	109	244	213	188	319	356	161	123	378	135
Total available lettings	39	204	195	520	444	272	353	445	389	462	380	464	419	476	332	362	501	267
% let to families from unfit houses ..	7.9	12.2	29.2	31.5	16.2	33.5	11.7	8.0	28.0	52.7	56.0	40.5	76.1	72.7	48.5	39.8	77.0	50.5

N.B.—In addition, a further 6 families were rehoused during 1962 from houses acquired by the Corporation for demolition. These have been taken into account in arriving at the percentage of lettings allocated to families from unfit properties.

IMPROVEMENT GRANTS

Circular No. 42/62 originating from the Ministry of Housing and Local Government was issued in August of the year under review. It placed on local authorities the responsibility of stimulating the Improvement Grant system, already widely publicised both on a national and local level. Local authorities were also asked to inform the Minister of their proposals. Dudley undertook to carry out a survey of property typical of the type which could be categorised as warranting improvement. It was realised that this would be a time absorbing task and one which would have to be sandwiched between other equally important housing responsibilities, particularly house inspections and preparatory work for slum clearance areas. The overall survey of the Borough was eventually completed and a detailed house to house canvas commenced. The latter coincided with the onset of the cold spell and progress was impeded; however, introductory letters were sent to owners of approximately 150 houses and as many of these owners as it was possible to contact were interviewed. When interest was shown, considerable time was spent in fully explaining the grant system and suggesting the most favourable type of adaptation. Booklets were also issued where necessary. This canvas is still proceeding, and it is too early yet to give a summary of the results, but it is true to say that owner-occupiers are the only persons to date who are likely to make, or have made, application. One finds as the survey progresses that elderly people who are owner-occupiers, particularly those living alone, and owners of rented houses, are the most reluctant to modernise. There is also the owner-occupier who, already having a mortgage, is unwilling to add to an existing financial burden. I have also previously commented that a live application becomes dormant if it is found necessary to issue lengthy specifications of repairs to prolong the life of the property to the requisite 15 or 30 years. These I think are the barriers to be overcome if voluntary modernisation is to succeed. A forecast of future legislation was the suggestion of compulsory powers contained in paragraph 8, and the recently issued White Paper on Housing amplified this. As a preliminary comment on this proposed new housing policy I would say that improvement of houses will still be relatively slow if compulsion is limited to a change of tenancy or when an existing tenant requests it.

Only 39 applications were received in 1962, a figure which emphasised the need for a decisive policy to boost the numbers of houses brought up to a modern standard.

Modernisation is as important a social measure as the clearing of slums, and powers to deal with the so called "twilight" property should be equally as effective.

SANITARY ADMINISTRATION

Particulars of Inspections

Routine work continued under the Public Health Act, 1936, and during the year 237 inspections and 638 re-inspections were made.

The number of preliminary notices served was 118, and the number complied with was 75. Statutory notices numbered 52 and 49 notices were complied with.

The following were some of the more important defects remedied:

Chimneys	....	...	....	....	....	....	8
House roofs	....	....	....	....	....	....	33
Eavesgutters	....	....	....	....	....	....	22
Floors	....	....	....	....	....	....	7
Staireascs	....	....	....	....	....	....	1
Plasterwork	....	....	....	....	....	....	22
Windows: woodwork	....	....	....	....	....	....	7
sashcords	....	....	....	....	....	....	7
Firegrates	....	....	....	....	....	....	2
Outbuildings	....	....	....	....	....	....	14
Closets	....	....	....	....	....	....	54
Drainage systems	....	....	....	....	....	....	26
Walls	....	....	....	....	....	....	14
Doors	....	....	....	....	....	....	18

HOUSES IN MULTI-OCCUPATION

During the year the Housing (Management of Houses in Multi-Occupation) Regulations, 1962 became operative. The regulations give local authorities new powers for houses used in multi-occupation. This is a new term which is being used, but houses have been occupied in this way for many, many years, and byelaws existed to deal with them. Immigration from Commonwealth countries has enlarged the problem, but insofar as Dudley is concerned, it must not be assumed that this factor is the main one. From the inspections which have been made it has been found that the more difficult cases have occurred in houses not occupied by Commonwealth immigrants, and this includes factors such as cleanliness, overcrowding and so on.

Following the issue of the regulations, a survey was carried out and a report submitted to Health Committee. As a result, standards were set as follows:

Amenities

Water supply and personal washing facilities—A wash hand-basin with a supply at least of cold water, for each dwelling occupied by a separate family, or, in the case of single lodgers, provision in the house at an approved position of similar facilities for every 5 persons.

Sanitary conveniences—One convenience for every 2 families, or one convenience for every 7 single lodgers.

Food storage—Adequate facilities for each family and, where practicable, adequate facilities for each single lodger.

Cooking facilities—A suitable cooker for each family, and in the case of single lodgers, one cooker for each 4 lodgers.

Permitted Numbers

Single room *used as bed sitting room* and exceeding 110 sq. ft.—
One married couple without children, or 2 adult lodgers.

Single room *used as bed sitting room* between 90 sq. ft., and 100 sq. ft.—One adult lodger.

Two rooms both exceeding 90 sq. ft. One married couple and 2 children under 10 or 1 child over 10, alternatively 2 adult lodgers.

Three rooms all exceeding 90 sq. ft.—5 units (1 unit being a person over 10 and $\frac{1}{2}$ unit being a child under 10).

Four rooms and over—Special Report to Committee.

Rooms under 50 sq. ft.—Not to be used for sleeping purposes.

Parts of rooms below 5 ft. in height not to be included in the floor area.

Following the adoption of standards an inspection was made of 44 houses with the following result:

Number of houses inspected	44
Number of houses satisfactory in all details	4
Number of houses where the W.C.'s are up to the suggested standard of one for two families or one for 7 single persons	12
Number of houses where there is one W.C. deficient	24
Number of houses where there are two W.C.'s deficient	4
Number of houses where cooking facilities are up to suggested standard of one for one family or one for 4 single persons.	3
Number of houses where there is one cooking facility deficient	5
Number of houses where there are two cooking facilities deficient	14
Number of houses where there are three cooking facilities deficient	14
Number of houses where there are four cooking facilities deficient	3
Number of houses where there are five cooking facilities deficient	1
Number of houses where washing facilities are up to the standard suggested of one per family or one for 5 single persons	2
Number of houses where one washing point is deficient	14
Number of houses where there are two washing points deficient	10
Number of houses where there are three washing points deficient	9
Number of houses where there are four washing points deficient	5

This table only refers to the amenity deficiencies. It was found that overcrowding was not a serious problem and only existed to a minor degree in a few houses. Cleanliness and disrepair varied from satisfactory to "indescribable."

It is not possible in this report to say much about progress except that Health Committee has decided the course of action to be taken.

Management Orders are to be made wherever necessary, action will be taken against overcrowding, and notices will be served requiring the provision of necessary amenities and for necessary repairs.

Progress will be reported upon and, in view of Health Committee's resolve, I have no hesitation in forecasting a considerable improvement.

DOMESTIC WATER SUPPLY

No. of premises (excluding Council Houses having a private water supply (estimated)	8999
No. of Council houses	9753
No. of premises having common water supplies (estimated)....	480

WATER SUPPLY

The supply to the County Borough of Dudley is derived from seven pumping stations situated outside the Authority's boundaries. Chlorination is practised in all cases.

During 1962, 682 samples of chlorinated water were examined, of which 677 were free from all types of coliform bacteria.

Samples of raw water are not obtainable at two of the pumping stations but of the 423 samples examined at the others, 415 were free from all types of coliform bacteria.

310 samples of a supply of surface origin were also examined before treatment and these gave an average coliform bacteria content of 41 per 100 ml.

Samples were examined within the County Borough from—

Cawney Hill Reservoirs Nos. 1 and 2

Shavers End Reservoirs Nos. 1 and 2

Shavers End Repumping Station

Waterman's House, Dudley

Waterman's House, Netherton.

72 samples from the service reservoirs and 17 samples from Shavers End pumping station were all free from coliform bacteria as were 24 samples taken from the waterman's houses.

The average chemical results of the tap samples from Dudley and Netherton for 1962 were—

	<i>Dudley</i>	<i>Netherton</i>
pH	7.0	7.1
Expressed in parts per million		
Alkalinity (CaCO ₃)	99	110
Chlorides (Cl)	39.3	41.1
Ammoniacal Nitrogen (N)	Trace	Trace
Albuminoid Nitrogen (N)	Trace	Trace
Oxidised Nitrogen (N)	4.9	5.7
Oxygen absorbed (3hr at 27°C)	.12	.12
Temporary Hardness	94	105
Permanent Hardness	83	95
Total Hardness	177	200
Iron (Fe)	.04	.02
Manganese (Mn)	Nil	Nil
Lead (Pb)	Trace	Nil

The waters are not liable to plumbo-solvency, the 24 samples from the taps in Dudley and Netherton being free from any appreciable quantities of lead.

Four samples of drinking water were taken by the department during the year for chemical analysis.

In the first instance a complaint was received from an industrial premises that tea and coffee made from the drinking water was undrinkable due to its very unpleasant taste. A sample of this water was taken, and the subsequent examination showed that the water was organically of good quality and suitable for drinking purposes. There were no abnormal odours and taste, and tea made from the sample appeared to be normal. The sample contained no free chlorine and was low in iron. It is possible that the chlorine content of the water varied from time to time or that there was other contamination on the premises. However, no further complaints from this source were received and apparently the cause of the complaint had been eliminated.

A complaint was received from the manager of a local chain store that purchasers of aluminium vessels residing in Dudley had returned the vessels shortly after purchase complaining of the blackening of the interior surfaces after being used to boil water. Samples of drinking water were obtained from the homes of two complainants, and these were submitted to the Public Analyst for analysis.

The results of examination were as follows:

	<i>House A</i>	<i>House B</i>
pH value	7.23	7.61
Electrical conductivity at 20°C	430	518
	Parts per million	
Dissolved Carbon Dioxide	16.0	7.0
Total hardness as CaCO ₃	185	265
Alkalinity as CO ₃	63.0	85.5
Calcium Ca	59.2	73.6
Copper Cu	0.4	0.05
Nickel Ni	0	0

The Public Analyst commented that in the case of the sample taken from House A the presence of 0.4 ppm of copper was sufficient to be damaging to aluminium vessels. In his report of House B's water supply he commented that the results showed no evidence of the presence of material likely to harm aluminium, but that the water, being high in bicarbonates, was potentially corrosive when heated. In his opinion it was possible that there may be more than a minute trace of copper present at times, and examination of the first water drawn from the pipe and the hot water supply might reveal this. The tenant of House B, however, did not desire the department to take any further action in the matter and both tenants were advised to allow the tap to run before drawing off water, so as to clear the water remaining in the pipe between the supply main and the drawing off point. No subsequent complaint was received.

Rust-like particles in drinking water were the reason for another complaint. The tenant of the house concerned complained bitterly of the discoloured appearance of washing rinsed in the water. A sample of the water was taken, and the Public Analyst reported that it contained 0.4 ppm iron in solution and 5.6 ppm in suspension, and that this was quite excessive for a public supply. The South Staffordshire Waterworks Company were informed of the Public Analyst's finding and they were of the opinion that the occurrence of iron in the water supply was caused by excessive demand on the distribution system at times of peak draw off and it was their intention to carry out main laying in order to eliminate the trouble.

SEWERAGE AND SEWAGE DISPOSAL

The borough is divided by watershed lines into four principal drainage areas which are—The Central area which drains to Swindon about 6 miles out of the Borough where it is treated by broad irrigation on farm land; the second area which drains practically the whole of the southern part of the Borough is treated by the Upper Stour Valley Main Sewerage Board at their works at Whittington; the Priory Estate flows to the Council's Tipton Road sewage works, and the north eastern part of the borough is drained to the Upper Stour Valley Main Sewerage Board works at Tividale.

Wherever possible, foul sewage and storm water have been kept separate.

Visits to sewer overflow points confirmed that overflows on Upper Stour Valley Main Sewerage Board sewers still operate during rain. The overflow at the Coppice Lane/Saltwells Road boundary occasionally operates at peak periods during dry weather.

The duplicate sewer from the junction of Pedmore Road and Level Street extending to the Cradley Heath works is completed, but not yet connected as the new storm tanks at the works are not yet completed. When this is accomplished the Coppice Lane/Saltwells Road overflow which operates more frequently than the others, will be eliminated.

I understand that a further duplicate sewer from Windmill End to the Cradley Heath works following the course of the Mouse Sweet Brook is in advanced planning stage. This, on completion, will eliminate all other offending overflow points.

Complaints were received during the summer months of 1962 from the tenants of houses in the Warwick Road area of unpleasant smells emanating from the marshy area extending from Warwick Road to the boundary. The waters of the Mouse Sweet Brook meander sluggishly through the area, and it may be that the smells were due in part to particles of sewage effluent from the Windmill End overflow being arrested in their water-borne passage by the marsh vegetation abounding in this vicinity. The completion of the duplicate sewer from Windmill End may go a long way to eliminating this cause for complaint. A more speedy flow of the brook water through the area is desirable, although it would be far better if this brook course was culverted.

FACTORIES ACTS, 1937 to 1959

PART 1 OF THE ACT

1—INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Number of</i>		
		<i>In- spections</i> (3)	<i>Written notices</i> (4)	<i>Occupiers prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	6	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	226	—	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	68	11	5	—
Total ...	300	11	5	—

2—Cases in which DEFECTS were found:

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more “cases”).

<i>Particulars</i> (1)	<i>Number of cases in which defects were found</i>				<i>Number of cases in which prosecutions were instituted</i> (6)
	<i>Found</i> (2)	<i>Remedied</i> (3)	<i>Referred To H.M. Inspector</i> (4)	<i>By H.M. Inspector</i> (5)	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—

<i>Particulars</i> (1)	<i>Number of cases in which defects were found</i>				<i>Number of cases in which prosecutions were instituted</i> (6)
	<i>Found</i> (2)	<i>Remedied</i> (3)	<i>Referred To H.M. Inspector</i> (4)	<i>By H.M. Inspector</i> (5)	
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective....	5	5	—	5	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work)	—	—	—	—	—
Total	5	5	—	5	—

PART VIII OF THE ACT

Outwork

(Sections 133 and 134)

Nature of Work (1)	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecu- tions for failure to supply lists (4)	No. of instances of work in unwhole- some premises (5)	Notices served (6)	Prose- cutions (7)
Wearing apparel { Making, etc.,	5					
{ Cleaning and						
{ Washing						
Household linen						
Lace, lace curtains and nets						
Curtains and furniture hangings						
Furniture and upholstery						
Electro-plate						
File making						
Brass and brass articles						
Fur pulling						
Iron and steel cables and chains	1					
Iron and steel anchors and grapnels						
Cart gear						
Locks, latches and keys						
Umbrellas, etc.						
Artificial flowers						
Nets, other than wire nets ...						
Tents						
Sacks						
Racquet and tennis balls ...						

PART VIII OF THE ACT (Contd.)

Outwork

(Sections 133 and 134)

Nature of Work (1)	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecu- tions for failure to supply lists (4)	No. of instances of work in unwhole- some premises (5)	Notices served (6)	Prose- cutions (7)
Paper bags	—	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	1	—	—	—	—	—
Brush making.....	—	—	—	—	—	—
Pea picking	—	—	—	—	—	—
Feather sorting	—	—	—	—	—	—
Carding, etc., of buttons, etc.	53	—	—	—	—	—
Stuffed toys	—	—	—	—	—	—
Basket making	—	—	—	—	—	—
Chocolates and sweetmeats	—	—	—	—	—	—
Cosaques, Christmas stockings, etc.	—	—	—	—	—	—
Textile weaving	—	—	—	—	—	—
Lampshades	—	—	—	—	—	—
TOTAL	60	—	—	—	—	—

INFECTIOUS DISEASE

594 visits were made to infectious disease cases during the year. The majority of these visits were in connection with gastro enteritis and Sonne Dysentery cases and contacts during the months of May to August.

It is impossible to give any idea of the time taken up in this work. Most of the infectious diseases were of the type where it was most important to keep a very careful check on food handlers. There was, therefore, a necessity to trace very carefully any personal contacts to find out if food handlers were among them. No time or effort was spared at any stage of the enquiries. If food handlers were found to be involved—no matter how directly or indirectly—care was taken to ensure complete safety. Such work involved instruction and education of food handling personnel and strict supervision of precautionary measures which had been laid down.

The occurrence of Smallpox cases in the West Midlands during the first month of 1962 involved daily visits by inspectors to all contacts and this factor helped to swell still further the number of visits made in this category.

RODENT CONTROL

The following is a table of work carried out under this heading during the year.

	Type of Property				Agri- cultural
	Non-Agricultural				
	1 <i>Local Authority</i>	2 <i>Dwelling houses (incl. Council houses)</i>	3 <i>All other including business premises</i>	4 <i>Total of Cols. 1, 2 and 3</i>	
No. of properties in Local Authority's district	49	18678	3579	22306	2
Total number of properties inspected as a result of notification	36	462	103	601	—
Number of such properties found to be infested by—					
Common rat					
Major	4	1	16	21	—
Minor	19	392	49	460	—
House mouse					
Major	3	8	17	28	—
Minor	10	61	21	92	—
Total number of properties inspected in the course of survey under the Act	58	323	13	394	—
Number of such properties found to be infested by—					
Common rat					
Major	8	—	—	8	—
Minor	48	312	10	370	—
House mouse					
Major	—	2	3	5	—
Minor	2	9	—	11	—
Total number of properties otherwise inspected (e.g. when visited primarily for some other purpose)	2	10	6	18	—
Number of such properties found to be infested by—					
Common rat					
Major	—	—	—	—	—
Minor	1	4	1	6	—
House mouse					
Major	—	—	—	—	—
Minor	1	6	5	12	—
Number of infested properties (in Sections II, III and IV) treated by the Local Authority	96	787	117	—	—

INDUSTRIAL POLLUTION

Air pollution from industrial smoke has steadily declined throughout the year due to conversions and improvements to existing boilers.

The temporary exemption of old equipment under Section 2 of the Clean Air Act, 1956 ends on the 5th of July, 1963, and there are now no hand-fired boilers in use in the borough using raw coal.

The most marked improvement in the town central area was the change over by one firm from a hand coal fired Lancashire boiler to a new oil fired boiler. A great deal of smoke has been experienced in the past from this chimney, but since this new plant was installed in October there has been no smoke emissions. The same conversion has been carried out at a works on the outskirts of the borough with similar improved results.

The type of mechanical stoker which seems most prone to smoke emissions is the underfeed stoker, due to a number of reasons, the main ones being lack of attention by boiler house attendants, coal drive too fast, and insufficient primary air. If these underfeed stokers are operated under the Manufacturer's instructions they should be smokeless, but usually the person in charge of the boiler has other jobs to do and thus the boiler becomes neglected and smoke is the result. As mentioned previously, considerable improvement has been noticed lately, but these are still the most troublesome installations in the borough.

A chain grate stoker at a works on the Netherton boundary did give trouble for some weeks, due again to insufficient attention and poor operation by the boiler house attendants, but after several visits and a warning letter the chimney has not given rise to further complaint.

One sprinkler stoker gave rise to complaints of short bursts of black smoke occasionally, and this was due to the fact that rubbish and works scrap were being burnt in an incinerator which was connected to the same flue as the boiler. No further complaints have been received since visits were made to the firm.

A chimney at a local works had excessive smoke emissions due to overloading the underfeed stoker to the brewing tanks, or using the stand-by hand fired Lancashire boiler with coal when the main chain grate stoker was out of order. Conditions have improved considerably following visits to the works.

SMOKE CONTROL AREAS

The Smoke Control programme was continued during 1962, when one Order, Wrens Hill, became operative and another, Old Park, was confirmed by the Minister of Housing and Local Government.

Staff were involved in three types of work—

- (1) the supervision of Areas affected by operative Orders;
- (2) the necessary advisory work and visiting involved in the adaptation and replacement of unsuitable appliances in the area affected by a confirmed but not operative Order; and
- (3) the survey and detailed inspection necessary on the Area next to be submitted to the Council for consideration.

Prejudices against the use of smokeless fuels are widespread and in many cases the threat of legal proceedings is the deterrent against the use of bituminous coal. The aim is to foster a desire for a cleaner atmosphere, coupled with the knowledge that a smokeless fuel burnt in an approved appliance is a far more economical and effective way of heating a room by solid fuel than is the use of bituminous coal in a stool grate. Only when this attitude is achieved can one say that smoke control is accepted rather than tolerated.

<i>Stage reached in Smoke Control procedure</i>	<i>Total No. of Orders</i>	<i>Dwellings</i>		<i>No. of other premises</i>	<i>Acres covered</i>	<i>Estimated annual tonnage of coal replaced</i>	<i>Total cost of adaptations,</i>	<i>No. of objections received</i>	<i>No. of Public Enquiries held</i>
		<i>Council</i>	<i>Private</i>						
(a)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Orders in operation	4	2760	588	105	1021	10,104	£10,910 17s. 0d.	Nil	Nil
Orders confirmed but not in operation	1	765	364	9	128	3,387	£15,558 0s. 0d.	1	Nil
Orders submitted to Ministry for confirmation	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Totals	5	8525	952	114	1144	13,491	£86,468 17s. 0d.	1	Nil
(b)	(1)	(2)	(3)	(4)	(5)	(6)	(7)		
Smoke Control Areas in course of active preparation	1	658	258	13	122	2,750	£27,558 6s. 0d.		

CARAVANS

Itinerant caravanners have been a source of continued complaints throughout the whole twelve months. The majority of these people are filthy in their way of life and objectionable in their general manner. They have no sanitary accommodation and their means of livelihood is the collection of scrap. If left on a site for two or more days the site itself and the area adjoining is filthy.

During the year some of the areas used by these people have either been fenced or the means of access has been blocked. The work and the materials used have amounted to a considerable cost to the authority.

The number of vans which have had to be moved from sites is 214 and the number of visits made has been 251.

Sites which have been either fenced or access blocked are—

<i>Fenced</i>	<i>Access blocked</i>
Foxyards.	Land behind Windmill End.
Birmingham New Road.	Rear of St. Peter's Road.
Saltwells Road.	Bumble Hole.
Rowley Road/Blackberry Lane.	Vicarage Prospect.
Vale Road/Blackberry Lane.	Land off Pedmore Road.
Garratt Street.	
Clee Road.	

There are still many sites which have been used on several occasions where access is still possible. Time and money will, therefore, continue to be spent in an attempt to reduce the amount of nuisance caused by these people. The number of people living in this way is increasing and a serious social problem is growing greater each year.

MISCELLANEOUS

SHOPS

It was not possible during the year to carry out routine inspection of shops under the Health and Comfort provisions of the Shops Act, 1950, and action had to be limited to complaints.

SLAUGHTER OF ANIMALS ACT

The number of licensed slaughtermen at the end of the year was 19.

PHARMACY AND POISONS ACT, 1933

No applications for entry on the poisons list were made.

FERTILISERS AND FEEDING STUFFS ACT, 1926

16 samples of fertiliser were taken during the year. 6 samples of fertiliser had minor variations from the guaranteed analysis. 1 sample of foodstuffs taken during the year had minor variations from the guaranteed analysis.

PUBLIC SWIMMING BATHS

12 visits were made to swimming pools in Dudley in the year 1962. Four samples of water from swimming baths were submitted for bacteriological examination and the results were as follows:

<i>Swimming Pool</i>	<i>Total count per ml. at 37° C</i>	<i>Probable number of colonies per 100 ml.</i>	
		<i>Coliform bacilli</i>	<i>Bact. Coli. Type 1</i>
Public Baths, Blowers Green Road—First Class Bath	1	Nil	Nil
Public Baths, Blowers Green Road—Girls' Bath	2	Nil	Nil
Public Baths, Blowers Green Road—Boys' Bath	5	Nil	Nil
School Bath—Priory Junior School	0	Nil	Nil

On other occasions when baths were visited pH and free chlorine tests were made of the water. At the Priory Junior School it was found that the pH and free chlorine were rather higher than is advised for swimming bath water, but, as was indicated in my last annual report, with fluctuating load conditions in this comparatively small pool, it is difficult to estimate the rate at which available chlorine is used up.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

No samples were taken under this Act during the year.

PET ANIMALS ACT, 1951

4 premises are licensed under this enactment.

